RN

FEBRUARY 1961

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Your favorite hand cream now comes in a slim one ounce tube that's perfect for purse . . . or your uniform pocket. Remember, Pacquins Hand Cream is lanolin-rich for extra dry skin . . . to give your hands more protection than any other hand cream in the world. Pacquins was originally made for professional use only.

Extra protection...extra convenience

On sale at all drug counters in U. S. and Canada.

RN contents

VOLUME 24 • NO. 2 • FEBRUARY 1961

MORE ▶

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contents

DEPARTMENTS and SHORT FEATURES

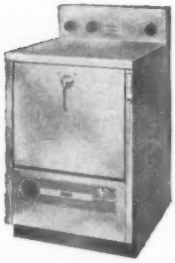
the American

UTENSIL WASHER-SANITIZER

Protects patients and personnel against cross contamination - - dependably and at less cost.

Prevention of cross contamination from patient utensils is accomplished rapidly, automatically and at reduced cost with the new American Utensil Washer-Sanitizer. The powerful detergent wash, double rinse and steaming cycles are completed in 22½ minutes . . . with no attention from nursing personnel other than loading and unloading. Three sets of utensils are processed in two loads.

The American Utensil Washer-Sanitizer is economical to install and pleasant for nursing personnel to use. It assures uniformly high standards of cleaning and sanitizing by eliminating the possibility of human error . . . and, its modest cost is more than justified by the saving in personnel time alone.



The American Utensil Washer-Sanitizer is available with clean-up counter or as the free-standing unit shown above.

For complete information on this improved utensil technique, write for bulletin SC-321-R.

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RN

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chafing • irritations
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The dark lines that appear on "SCOTCH" Brand Autoclave Tape show unmistakably that these containers and bundles have been properly autoclaved. The lines appear only after exposure to correct levels of heat and moisture in an autoclave. Any other heat and/or moisture exposure cannot activate the tape.

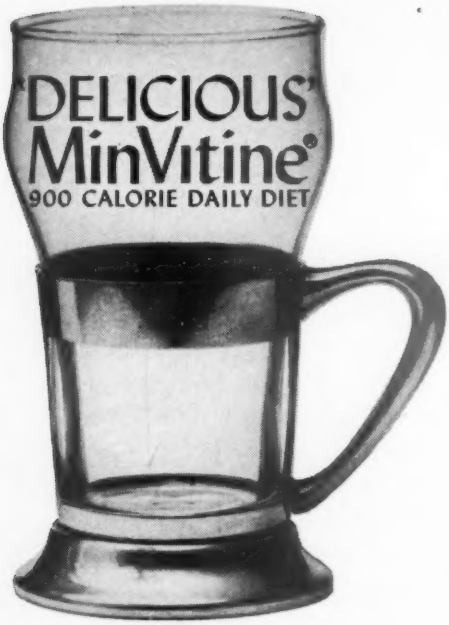
holds fast before, during and after autoclaving ■ easily applied, sticks at a touch to paper, cloth, glass, metal ■ leaves no residue as with ordinary adhesive tapes ■ faster to use for binding than pins, string, cotton plugs ■ marks easily —with pen, pencil, typewriter ■ (note: nothing on the outside of an autoclaved item, of course, can guarantee sterility of the contents.)

"SCOTCH" BRAND HOSPITAL AUTOCLAVE TAPE NO. 222

MINNESOTA MINING AND MANUFACTURING COMPANY

...WHERE RESEARCH IS THE KEY TO TOMORROW

3M



Taste . . . the big difference! Now—from the makers of Ovaltine—for your weight-watching patients, comes a new 900 calorie food drink that actually tastes like something they'd enjoy at a soda fountain! For, new MINVITINE is the first **delicious** way to help patients lose weight while enjoying adequate nutrition. It's a satisfying, well-balanced food that supplies the proteins necessary for anabolism and meets the essential vitamin and mineral requirements of the day. Mention MINVITINE to your weight-conscious patient. It controls calorie intake . . . pleases the palate . . . makes dieting easy-to-take, easy-to-stick-to. Three flavors: Rich Chocolate, Savory Butterscotch, Real Coffee. All produced under the same high standards of quality and nutrition as famous Ovaltine, the world's most popular fortified food beverage.

To enjoy the taste while controlling the weight

Supplied in 8 oz. jars in handy powder form. 3 complete diet meals plus a snack.

4 packets of individual servings in handy powder form.

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today's delicious dietary for calorie control

Ovaltine Food Products, a division of The Wander Company · Villa Park, Illinois

Exerts a Beneficial Effect on the ARTHRITIC PATIENT

Affords surcease from minor pains for hours without gastric upset

An important facet of an analgesia is its *total* effect on the patient[1]. Anacin® Tablets exert a *better total effect* in pain relief. Anacin not only affords rapid, prolonged and non-narcotic intervention of pain, but also reduces inflammation . . . alleviates tension, anxiety and leaves the patient more relaxed. The procedure of 'continued therapy' may be followed with Anacin without causing gastric upset. Tolerance is excellent.

Reference: 1. Hardy, James D.: The Nature of Pain, J. of Chronic Diseases, Vol. 4, July, 1956.

WHITEHALL LABORATORIES, NEW YORK, N.Y.

RN letters

AA COMPANION-FELLOWSHIPS

DEAR EDITOR: Nurses anxious to help the distraught relatives of alcoholics may wish to refer them to a counseling companion-fellowship of Alcoholics Anonymous called Al-Anon.

A similar fellowship called Alateen provides counseling help for the teen-age children of alcoholics.

Many communities now have Al-Anon and Alateen units that can be contacted through the local office of the AA. Further information is available from Al-Anon Family Group Headquarters. The address: P.O. Box 182, Madison Square Station, New York 10, N.Y.

Mary E. Flynn, R.N.
Chicago, Ill.

L.P.N. SUPERVISOR

DEAR EDITOR: When I reported for duty at a state hospital, I was shocked to learn that I would be working under an L.P.N. supervisor.

In the past, I've defended the L.P.N. because I feel she has a definite place in nursing. But I don't believe *any* L.P.N. is qualified to supervise R.N.s.

Are we going to sit back and allow ourselves to be replaced by L.P.N.s in the higher positions as well as in bedside nursing?

Patricia Campbell, R.N.
Medway, Mass.

THANKS FROM INDIA

DEAR EDITOR: Since you published my letter in your August, 1959, issue, I've probably become the world's foremost *RN*-collector!

More than fifty of your subscribers have sent me back issues they treasured. I've distributed some 400 copies to nurses here in India. Several of our schools now have complete sets dating back to 1955.

Our thanks to you and to your thoughtful subscribers.

Rev. George Ziebert, S.J.
Catholic Missions
Mokameh, Patna, India

NO PLACE TO EAT

DEAR EDITOR: Many hospitals fail to provide proper eating facilities for nurses who are working on the 11-7 shift.

For example, only one hospital here in Denver has a lunch period when nurses can leave the floor, go to the main dining room, and enjoy a hot meal. At the other hos-

...letters

pitals, nurses must accept makeshift facilities.

I'm sure no administrator would work this miserable shift without a chance to get a decent lunch.

Madge J. Luke, R.N.
Denver, Colo.

JOY OF NURSING

DEAR EDITOR: I feel sorry for nurses who don't seem to get any joy from nursing—only from their pay check.

I was graduated in 1913... After I lost my husband in 1952, I came back to part-time nursing. I can't nurse brain- and chest-surgery cases, but there's much I *can* do. When I leave home at 11P.M. to work on the night shift, I'm thankful that I'm able to practice my profession and to be of some help to those who need me.

Margaret M. Davis, R.N.
Savannah, Ga.

DIPLOMA VS. DEGREE

DEAR EDITOR: I agree with the *RN* correspondent who says the three-year diploma program is equivalent to the four-year college course. Hospital schools should be given collegiate status so they can confer a B.S. degree.

Alice Geis Houghton, R.N.
Youngstown, Ohio

DEAR EDITOR: . . . I vote *Yes* for such a move. I've worked for years with both college and hospital graduates and prefer the hospital-

TAKES THE WORK OUT OF WHITE SHOES!

"Deep-Cleans" as it whitens . . so shoes get white faster . . . stay white longer! The instant you smooth on new Shinola White, a special detergent action starts cleaning as it whitens. Penetrates deep to *erase out dirt* as it *seals in whiteness.*

Stays on longer—new anti-rub-off formula won't crack, won't chip, won't peel! Safe for baby's shoes.

Touches up quicker with exclusive new "square-tip" applicator. Whitens even hard-to-reach places. No messy pads, no caky cloths!

EXCLUSIVE new "square-tip" applicator! NEW! No-waste, Dip-Well Bottle! Easy to reach the last drop!

NEW **SHINOLA® WHITE** **"deep-cleans" as it whitens**

Also in paste form

...letters

trained nurse. She has practical know-how as well as theory.

Angela C. Flanigan, R.N.
Yonkers, N.Y.

DEAR EDITOR: . . . True, the three-year graduate takes the same licensure exam as the four-year graduate. But so does the two-year graduate. If the ability to pass this exam were the only criterion for comparing hospital-school and college programs, then the two-year graduate should receive a B.S. degree also.

Eldena Brown, R.N.
Honolulu, Hawaii

DEAR EDITOR: . . . I gained invaluable clinical experience by completing the diploma program. But I'm much better equipped to give total patient-care because I later obtained my B.S.N. Furthermore, I hope colleges will add a year of supervised clinical experience to the present four-year program. Thus we would continue to "grow up" as a profession.

Jessica Leen, R.N.
South Bend, Ind.

KEEP 'EM CLEAN

DEAR EDITOR: Here's a little tip I've found useful: To keep white shoelaces white, paint the eyelet area inside the shoe with clear nail polish. (The polish has to be renewed occasionally, of course.)

May Jacobs, R.N.
Utica, N.Y.

What's she doing that's of medical interest?

She's drinking a glass of pure Florida orange juice. And that's important for several reasons.

How patients obtain their vitamins or any of the other nutrients found in citrus fruits is of great medical interest—because there are so many substitutes and imitations for the real thing.

Actually, there's no better way for this young lady to obtain her vitamin C than by doing just what she is doing, for there's no better source than oranges and grapefruit ripened in the Florida sunshine.

We know that a tall glass of orange juice is just about the best thing a patient can reach for when he or she raids the refrigerator. We also know that if you encourage this refreshing and healthful habit among patients of any age, you'll be helping them to the finest between-meals drink there is.

Nothing has ever matched the quality of Florida citrus—watched over as it is by a State Commission that enforces the world's highest standards for quality in fresh, frozen, canned, or cartoned citrus fruits and juices.

That's why the young lady's activities are of medical interest. **RN**

High-concentration topical salicylate-menthol therapy (BEN-GAY) offers safe, penetrating relief of painful joints and muscles resulting from overexertion.

New, objective evidence:

A double-blind study[1] has reaffirmed the exceptional efficacy and safety of conservative, local treatment of chronic rheumatic disorders with BEN-GAY® (BAUME BENGUÉ), a high-concentration salicylate-menthol compound.

The local and systemic effects of BEN-GAY were evaluated by entirely objective methods in 211 subjects of both sexes suffering from various types of chronic arthritis, bursitis, neuralgia, myalgia and lumbago. Changes in range of joint motion were determined by goniometer and by flexion. Topical application of BEN-GAY measurably improved articular function in 94% when physical therapy was also used, and in 61% without adjunctive treatment. Efficient absorption of salicylate through the skin was indicated by an average urinary excretion of 15 mg. in 24 hours. No ill effects were reported or observed.

Benefits of Topical Salicylate

in chronic rheumatic disease

Menthol-induced hyperemia plus high local concentration of salicylate has been recently rediscovered as one of the safest and most promptly effective remedies for rheumatoid discomfort due to exposure.

This controlled study offers new evidence of the efficacy and safety of local treatment of chronic rheumatic disease with BEN-GAY, one of the safest and most reliable formulae at the physician's disposal. BEN-GAY is available in two strengths, *Regular and Children's*. THOS. LEEMING & CO., INC., 155 East 44th St., New York 17, N.Y.

[1]Brusch, C.A., et al.: Md. State Med. J.; 5:36, 1956.

***More efficient salicylate penetration* of treated area and quicker relief of pain is now made possible by the water-washable GREASELESS-STAINLESS BEN-GAY.**

AFTER SURGERY OR DELIVERY . . .

COZYME®

(*d*-pantothenyl alcohol, Travenol)

TO PREVENT AND CORRECT ABDOMINAL DISTENTION

• enables peristalsis to resume within 24-48 hours • complete absence of side effects • reduced use of enemas • lessened incidence of urinary retention.

Now available in new single dose, 2 ml. disposable sterile, nonpyrogenic syringe for greater convenience in administration. Packaged with sterile needle as single unit. Each 2 ml. syringe contains 250 mg. per ml. of *d*-pantothenyl alcohol.

Also supplied in 10 ml. multiple dose and 2 ml. single dose vial, each containing 250 mg. per ml. of *d*-pantothenyl alcohol.

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Pharmaceutical Products Division of **BAXTER LABORATORIES, INC.**

after 5 years of research and 41,000

patient days of clinical testing

a new infant formula

nearly identical to mother's milk[1] in nutritional breadth and balance

Enfamil®

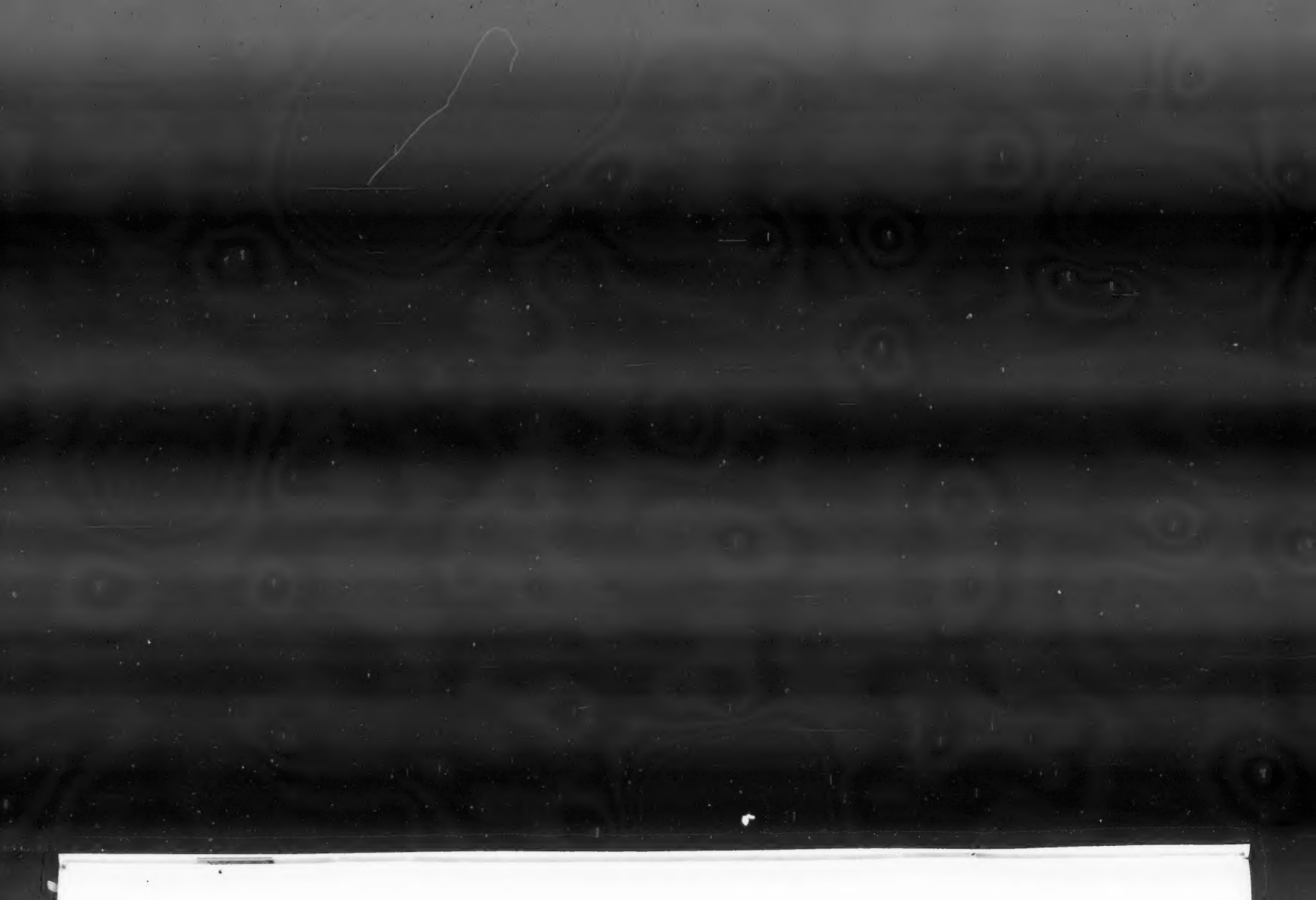
Infant formula

In a well controlled institutional study,[2] Enfamil was thoroughly tested in conjunction with three widely used infant formula products. These investigators reported that Enfamil produced • good weight gains • soft stool consistency • normal stool frequency

1. Macy, I. G.; Kelly, H. J., and Sloan, R. E.; with the Consultation of the Committee on Maternal and Child Feeding of the Food and Nutrition Board, National Research Council: The Composition of Milks, Publication 254, National Academy of Sciences and National Research Council, Revised 1953. 2. Brown, G. W.; Tuholski, J. M.; Sauer, L. W.; Minsk, L. D., and Rosenstern, I.: Evaluation of Prepared Milks in Infant Nutrition; Use of the Latin Square Technique, J. Pediat. 56:391 (Mar.) 1960.

Mead Johnson

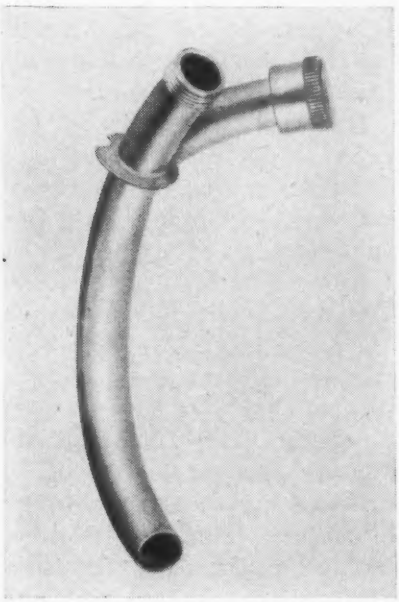
Symbol of service in medicine



news

R.N.'s invention said to reduce risk

This Y-shaped tracheostomy tube reportedly simplifies suctioning and minimizes trauma to the trachea. It was invented by Josephine G. Fountain, a staff nurse at the University of Florida Teaching Hospital and Clinics.



When a suction catheter is inserted in the conventional tube, it reduces the tube's effective diameter and tends to pull at trachea tissue. No catheter is needed with this tube. The nurse attaches suction tubing directly to the longer of the two outlets (shown with removable cap in place). The shorter outlet serves as an airway.

Brain-injured tots learn 'crutchless' walking

Can a child with brain damage learn to walk without the help of crutches or other mechanical aids?

Several staff members of the Rehabilitation Center at Philadelphia thought so. They worked out a program for each of seventy-six children with severe brain injuries. Then they taught the parents how to help each child at home.

¶ First step: The nonwalking child was left on the floor all day and encouraged to creep or crawl.

¶ Second step: When the child reached the stage where his injury prevented further movement, the parents helped him through passively imposed patterns of body movement. (For example, they moved his head, arms, legs exactly as needed to creep or walk.)

The result after two years of home-teaching?

"Sufficiently encouraging to

warrant an expanded study," reports the research team to the A.M.A. All the children showed some progress. Of the more hopeful, "eight were creeping . . . four were holding onto objects. Twelve were ready to walk. And eleven achieved completely independent walking in less than twelve months."

Goal: $1,000,000 for graduate programs

A fund drive to raise $1,000,000 has been launched by the newly formed National Fund for Graduate Nursing Education. This sum, expected to be realized during the year, will be used to help thirty institutions that offer masters' degrees in nursing.

Additional financial support, say fund officials, will enable these institutions to enroll more R.N.s and eventually help ease the shortage of nursing educators and administrators. Nearly four times as many nurses with M.A.s are needed, they add, as now graduate yearly.

The fund has the endorsement of the A.N.A., N.L.N., A.M.A., the American Hospital Association, and other groups.

Ice-water therapy called effective for burns

For treatment of a burn involving less than 20 per cent of the body's surface, immerse it promptly in ice water to which hexachlorophene has been added.

That's the gist of a simple emergency treatment advocated by Dr. Alex. G. Shulman of Los Angeles in a report to the A.M.A. He adds:

¶ If the burn can't be immersed, apply towels soaked in ice water.

¶ Continue the treatment for as long as pain persists (anywhere from thirty minutes to five hours or longer). Meanwhile, add ice as needed to keep the water cold.

Migrating cells may help in ear repair

How does the eardrum keep its surface clean and protect itself from minor surface damage?

Dr. Ward B. Litton of the University of Michigan believes he's found the answer. It's an answer that may help people with ruptured eardrums to hear again.

New cells, he says, originate continuously at the center of the drum and migrate slowly outward, carrying dirt particles with them as they go. They "turn the corner" at the ear canal, move on to the earwax zone, then die and flake off.

Because of this action, says Dr. Litton, grafts taken from inside the ear canal might make permanent repair of a ruptured eardrum possible. Skin grafts now used for such repair soon accumulate dead-cell "dandruff" on the surface, causing the patient to lose his hear-

When you see diaper rash recommend Diaparene®

anti-bacterial ointment
anti-bacterial rinse

Diaper rash can best be treated by destroying the urea-splitting bacteria in the diaper and on the baby's skin. Diaparene anti-bacterial preparations destroy these bacteria, prevent ammonia formation, and help clear the rash rapidly.

Diaparene Ointment mixes readily with urine to inhibit ammonia-producing bacteria . . . helps prevent further rash development by destroying the bacteria on the skin. Its water-miscible emollient base soothes excoriated areas and promotes healing.

Diaparene Rinse's sustained action inhibits the urea-splitting bacteria for up to fifteen hours after the diaper has been soiled. With this level of protection, even the night diaper will not cause rash. The mother can rinse the diapers at home with Diaparene Rinse. Or a Diaparene franchised diaper service will supply Diaparene-impregnated diapers.

And for prophylaxis. . . Once the diaper rash is cleared up, help the mother keep baby's skin clear by recommending the Diaparene prophylactic regimen for around-the-clock protection —routine use of Diaparene anti-bacterial Baby Powder and Diaparene anti-bacterial Baby Lotion along with Diaparene Rinse.

HOMEMAKERS PRODUCTS DIVISION · GEORGE A. BREON & CO., NEW YORK 18, N. Y.

ing again. But with an ear-tissue graft, cells would move off the drum before dying.

Study team cites ether as incubator hazard

Why do infants sometimes sneeze and cough when placed in an incubator following surgery?

In some cases, says an Army study team, the infant exhales ether which comes in contact with the incubator's heating unit. This decomposes the ether, producing formaldehyde gas. The gas irritates the baby's respiratory tract.

If the gas is produced in concentrated amounts, the investigators warn, formaldehyde intoxication may result. In a report to the American Medical Association, they suggest the use of an incubator with a "lower temperature heating unit," plus other measures.

What mental patients say about their nurses

"Who has helped you the most since you came to the hospital?"

Doctors, say nearly half of 215 selected mental patients in the Virginia state hospitals who were asked this question. Attendants, say a fourth.

And what about nurses? Only 6 per cent say nurses helped them

One in a series...a doctor speaks his mind on soap

Now . . . evidence that a mild soap can be advised in cases of

ECZEMATOUS HAND DERMATITIS

". . . the use of soap for routine hand washing and bathing does not influence the course of these eczematous diseases while patients are on a standard therapeutic regimen."

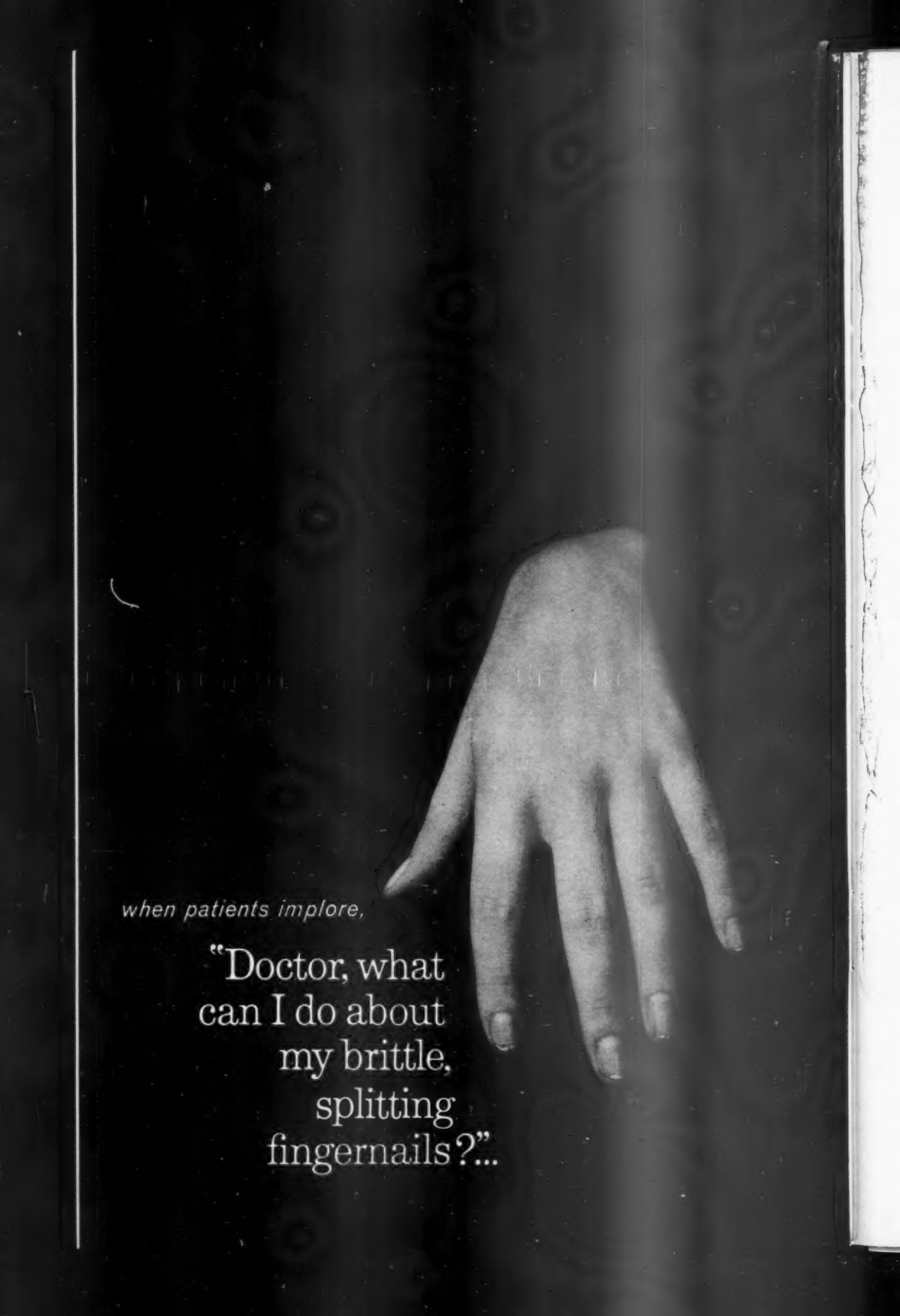
Management of Patients with Eczematous Diseases, J.A.M.A., 173-11, pp. 1196-1198, (July 16), 1960

The above comes from a report on a recently completed controlled study made on the role of a mild toilet soap in the management of eczematous hand dermatitis and three other eczemas*. Procter & Gamble's Ivory was the soap used in the test. In making this white, pure soap every possible precaution is taken to eliminate ingredients that might disturb normal skin or aggravate eczematous conditions. As a nurse, you'll be interested in knowing that more doctors advise Ivory than any other soap.

IVORY

*Neurodermatitis, Contact Dermatitis, Infantile Eczema

99 44/100% pure® . . . it floats


when patients implore,
"Doctor, what can I do about my brittle, splitting fingernails?"...

the most. Nurses also fare poorly in other categories of the study, made by the hospitals' psychologists and reported to the state medical society. The findings:

¶ Only 6 per cent say nursing care has been the No. 1 factor in their progress; 23 per cent say medication; 20 per cent say nothing has helped.

¶ Only 3 per cent credit nurses with an understanding attitude; 12 per cent credit attendants; 15 per cent, psychologists; 50 per cent, doctors.

A-bombing report shows radiation effects

Findings of the Atomic Bomb Casualty Commission showing the delayed effect of radiation on those who survived the 1945 A-bombings of Hiroshima and Nagasaki are summarized by Dr. J. W. Hollingsworth in the New England Journal of Medicine. Some findings:

¶ Children born to heavily irradiated women pregnant at the time have commonly been small-headed and/or mentally retarded.

¶ Children born to irradiated parents since the bombings have shown normal percentages of stillbirths, major congenital anomalies, and infant mortality.

¶ Eye afflictions traceable to the bombings are infrequent.

¶ The striking increase in the incidence of leukemia, first noted in 1948, has leveled off since 1952. But the incidence is still much higher among irradiated survivors than generally. The rate of increase is greatest for chronic granulocytic leukemia.

¶ Tumors are twice as common among heavily irradiated survivors as among the general population.

Study shows why families put off seeing doctor

About 60 per cent of all families tend to postpone needed medical and dental care, according to a study made in the Hackensack, N.J., area under the sponsorship of the Health Information Foundation.

These are the reasons for postponement, given by the low- and high-income families that took part:

	$2,000-$5,000 income	$9,000-plus income
Finances	55%	5%
Too busy	2	20
Illness not serious	18	25
Fear	15	20
Other reasons	10	30
	100%	100%

Are hospital charges 'out of line'?

"Do you think that hospital charges are out of line, as compared with physicians' fees?"

Continued on page 72

Dependable
Pain Reliever

Professional confidence in the uniformity, potency and purity of Bayer Aspirin is evidenced by ever increasing recommendation. Today Bayer Aspirin is the most widely accepted brand of analgesic in the world.

We welcome your requests for samples of Bayer Aspirin and Flavored Bayer Aspirin for Children.

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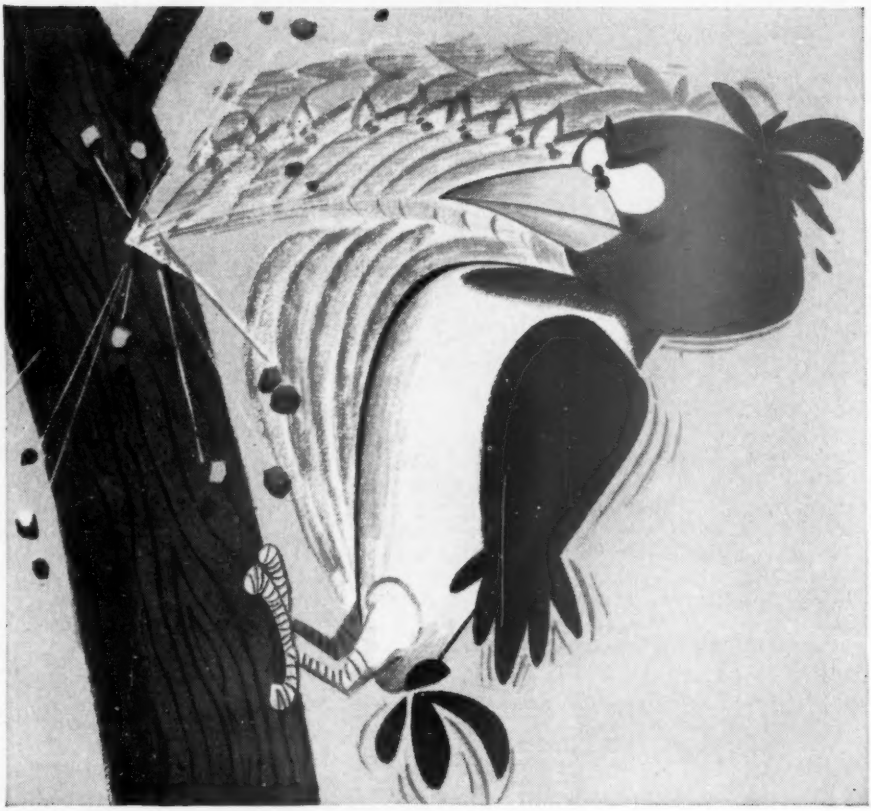
The cigarette that made the Filter Famous!

It's true. Kent's enormous rise in popularity—with all the attendant magazine and newspaper stories—really put momentum to the trend toward filter cigarettes!

So, Kent is the cigarette that made the filter famous. And no wonder. Kent's famous Micronite filter is made from a pure, all-vegetable material. A specially designed process at the P. Lorillard factory compresses this material into the filter shape and creates an intricate network of tiny channels which refine smoking flavor.

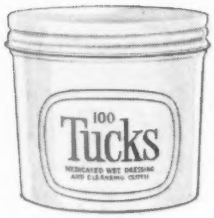
Kent with the Micronite filter refines away harsh flavor . . . refines away hot taste . . . makes the taste of a cigarette mild.

That's why you'll feel better about smoking with the taste of Kent.



WOOD is WONDERFUL
...for woodpeckers

but certainly not as a toilet wipe when anal areas are sensitive. Unlike harsh, dry wood pulp toilet papers, *Tucks* are soft cotton flannel pads mildly medicated with witch hazel (50%) and glycerin (10%). *Tucks* are ideal for routine toilet care when treating pruritus ani et vulvae, diaper rash, hemorrhoids, following episiotomy or hemorrhoidectomy, and in other anorectal conditions. *Tucks* cleansing, mildly astringent action hastens healing and helps assure patient comfort. *Tucks* are available at busy *prescription pharmacies* everywhere in jars of 40 and 100.



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RN *literature and samples*

SURGICAL SCRUB: An addition to the Betadine group of products is Betadine Surgical Scrub, an antiseptic cleanser containing Povidone-Iodine as the active ingredient. Betadine Surgical Scrub kills bacteria (including antibiotic resistant organisms) fungi, viruses, protozoa and yeasts. Literature and a 1 oz. professional sample are offered to hospital nurses. Tailby-Nason Co., Inc. **B-1**

STERILIZATION INDICATORS: Gas sterilization has made necessary a new type of indicator to give evidence that sterilizing is complete. New Ethylene Oxide Indicators perform that function by means of a color change from blue to yellow. Literature, and a test supply. Aseptic-Thermo Indicator Co. **B-2**

DIABETIC GUIDEBOOK: A brief, informative pamphlet for the new diabetic patient. Provides practical information on all phases of handling his disease, and will save many time-consuming explanations. Ames Co., Inc. **B-3**

CATHETER FACTS: Sterile packaged ureteral catheters free nurses and hospital personnel from the time-consuming duty of washing and sterilizing older type catheters. Literature. American Cystoscope Makers, Inc. **B-4**

HANDS THAT WORK: Special occupations call for unusual care of the hands. The makers of Chap Stick have devised a special emulsion cream called Chapans to solve the problem of work-sore hands. A generous sample of the product is offered. Chap Stick Co. **B-5**

UNSALTED MARGARINE: Here's something of interest for the patient who must maintain a sodium restricted diet without curtailing enjoyment of nutritious food. Fleischmann's Unsalted Margarine is made from corn oil with no salt or other preservatives. Literature. Standard Brands, Inc. **B-6**

SPRAY-ON LUBRICANT: Austa-Lube is a long-lasting, aerosol dispensed, dry-film lubricant for use on instruments or other metal objects, glass, or any surfaces requiring lubrication in sanitary surroundings. Even autoclaving does not remove Austa-Lube's effectiveness. Literature. Austenal Company. **B-7**

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February, 1961
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take 2 BUFFERIN® tablets for fast relief without salicylate stomach upset

The most common cause of headache is the emotional tension that nurses can get on a hectic day when pressure builds as things go wrong. With BUFFERIN, you can relieve headache and start relaxing tense nerves fast; and BUFFERIN greatly reduces the risk of salicylate stomach irritation.

BUFFERIN contains an exclusive anti-acid combination, DI-ALMINATE, which speeds the absorption of the salicylate, and, at the same time, avoids undesirable salicylate stomach irritation.

For long-term salicylate therapy: In chronic diseases, such as arthritis,[1] BUFFERIN is ". . . the drug of choice where prolonged high salicylate levels are indicated."[2]

1. Paul, W. D.: Rehabilitation in Rheumatoid Arthritis, South. M. J. 53:492, (April) 1960
2. Tebrock, H.H.: Ind. Med. & Surg. 20:480, 1951

BRISTOL-MYERS COMPANY, 630 FIFTH AVE., NEW YORK 20, NEW YORK

New medical survey shows what doctors consider most important in a laxative they would use or recommend:

To find out the qualities doctors consider most important in a laxative they would use or recommend, an independent research organization asked doctors across the country for their professional opinions. The survey findings show that doctors want a laxative that is (1) Gentle, (2) Effective, and (3) Close to Natural Acting.

These are the qualities that have made pleasant-tasting Ex-Lax so widely used and recommended over the years – the same qualities that make Ex-Lax so well suited for 1961's professional needs.

bring all of your concepts of cleansing up to date

Many women don't know that a vinegar douche is as old-fashioned as the copper tub, a relic of an empiric age.[1] Acids actually make mucus discharge more tenacious. On the other hand, soaps and harsh alkali are irritating. A detergent douche – TRICHOTINE, the only major douche containing sodium lauryl sulfate—is the modern, more efficient yet gentler vaginal irrigant.

The detergent action of TRICHOTINE assures greater penetration of viscid mucus, better dispersion of the healing medicaments on the mucosal surface, and more efficient removal of vaginal discharge.

TRICHOTINE is indicated in the management and treatment of cervicovaginitis and leukorrheas, alone or in conjunction with other antimicrobials. TRICHOTINE is ideal for routine feminine hygiene—safe, gentle and effective.

1. Goodman, L.S. and Gilman, A.: The Pharmacologic Basis of Therapeutics, MacMillan, 1955.

TRICHOTINE® The Fesler Company, Inc.

375 Fairfield Avenue, Stamford, Connecticut

RN

Don't overpay your income tax!

By Albon P. Man Jr., LL.B.

Every year thousands of Americans overpay—yes, *overpay*—their Federal income tax.

How does this happen? Some overpayments result from mistakes in arithmetic. But the larger overpayments are generally caused by the failure of taxpayers to take all deductions the law allows.

To help you avoid being unknowingly generous with Uncle Sam, I've prepared a list of some important deductions and exclusions allowed R.N.s. Remember that even if you're in the lowest tax bracket, every dollar you lawfully deduct will save you 20 cents. If you're in a higher bracket, you'll save still more.

There's one catch: To itemize your deductions, you need a record of what you took in and paid out last year. Getting your income figures may be easy. But recalling expenses is often a problem. If you paid some of your expenses by check, the check stubs will help. So will canceled bills and receipts.

Now which tax form should you use? Here are the choices:

THE AUTHOR *is the executive editor of pension and insurance publications for Prentice-Hall, Inc., and an authority on income tax laws and their interpretation.*

1040. If you're in private duty, you *must* use this long form (and Schedule C that's included). On this form you can report any type and amount of income. You may take the standard 10 per cent deduction; or if your deductible expenses add up to more than 10 per cent, you may itemize them and take the full amount.

1040A. This is the short form and the easiest to fill out. You can use it if (1) your income is from salary or wages totaling less than $10,000 and (2) you have no other income except from interest and/or dividends of less than $200. You can't itemize your deductions on this form.

1040W. This alternate short form has several advantages over 1040A: You may (1) deduct unreimbursed expenses in connection with your employment, and (2) take advantage of certain credits such as the "dividends received" credit. Also, you may (3) use this form to report wages of $10,000 or more.

If you're married, you'll probably be ahead by filing a joint return with your husband (or wife, for men nurses), using the appropriate form.

To get the most help from the list that follows, read it before compiling your record of deductible items for 1960. Then you'll know better what to look for. If you have to file a state income tax return, check it against this list. Though some state deductions differ from Federal deductions, you may find items here that will save you money.

Some deductions for R.N.s

Automobile. You can't deduct the cost of commuting between your home and place of work. But if you use your car for any professional purpose (for instance, on behalf of a private patient), you can deduct your specific expenses or an appropriate portion of your total maintenance expenses.

For example, suppose that you drive 8,000 miles during the year and that this includes 2,000 miles, or 25 per cent, for professional purposes. Add together what you spent during the year for gasoline, oil, repairs, tires, garage rent, insurance, and parking. Add to this the yearly depreciation on your car (you can get this figure from your auto dealer). Multiply the total by 25 per cent (.25 or ¼). This is the amount you can deduct.

Bad debts. Includes professional fees you can't collect, but only if you've previously reported them as income (say, on your 1959 return).

Casualty losses. Includes damage to your home or car from Hurricane Donna or another natural disaster in the amount not covered by insurance or similar compensation. Also includes loss from an auto accident or theft in like amount.

Child care. If you're widowed or divorced, deduct up to $600 paid for the care of your child or children under age 12 or for a handicapped dependent while you were working. This may include payments to a housekeeper, baby sitter, nursery, day or boarding school, or nursing home. If you're married, you generally can't deduct for child care if the combined adjusted gross income of you and your husband (or wife) is $5,100 or more.

Contributions. Includes gifts to community funds, churches, tax-exempt schools and hospitals, and nonprofit research foundations. If you did volunteer work for such charities, deduct any out-of-pocket expenses (for travel, special uniform, etc.). Also deduct the value of any used clothing and other items you may have donated.

Conventions. Includes workshops and other professional meetings. Deduct travel expenses, registration fees, cost of hotels, meals, and tips.

Depreciation. Allowed on professional property with a useful life of more than one year—for

Continued on page 80

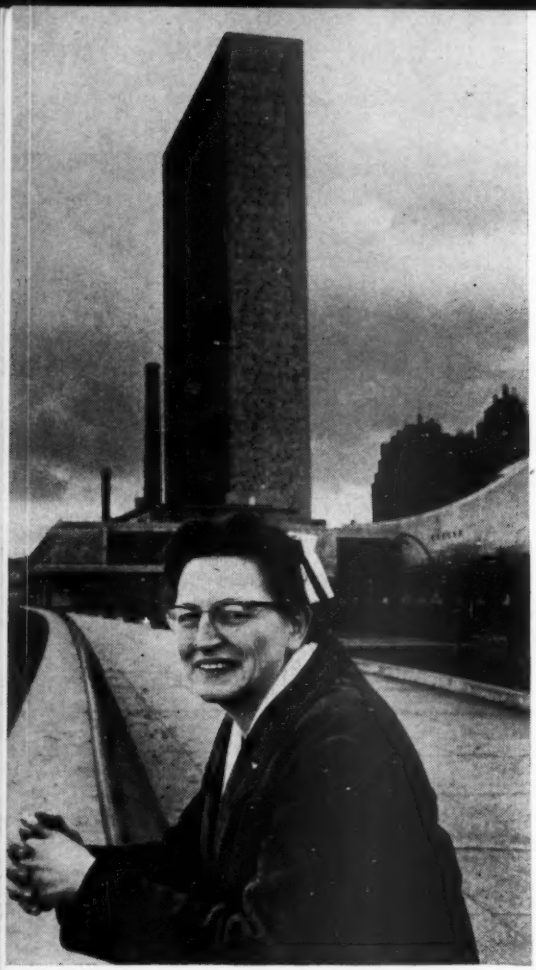
Bald angel

The primipara wasn't too far dilated; so it was considered safe to assign a student nurse to prep her.

When I checked the patient, I got the shock of my life. She was having a nearly painless labor. The baby's head was crowning—and the student was calmly shaving it!

I summoned help in a hurry. Said the obstetrician: "I've delivered dozens of babies, but this is the first to arrive with a premature haircut!"

—GEORGIA MCMANNIS, R.N.



Nurses to 99

By Edith S. Oshin

When the United Nations decides to send a mission from its New York headquarters to any area in the world, the group visits the U.N.'s health service before leaving. There one of four staff nurses checks pins on a large world map that show by their colors which infectious diseases are found in each area. She then gives members of the mission any necessary inoculations.

Chief Nurse Jeanette Averill keeps the pins up-to-date by checking the latest epidemiological reports.

"We have problems," she says. "For example, we inoculated several people who were assigned to visit Nauru, a tiny Pacific island. When they returned, they told me they should have had cholera shots. I checked back.

nationalities

A new ruling had reached us just after the mission had left."

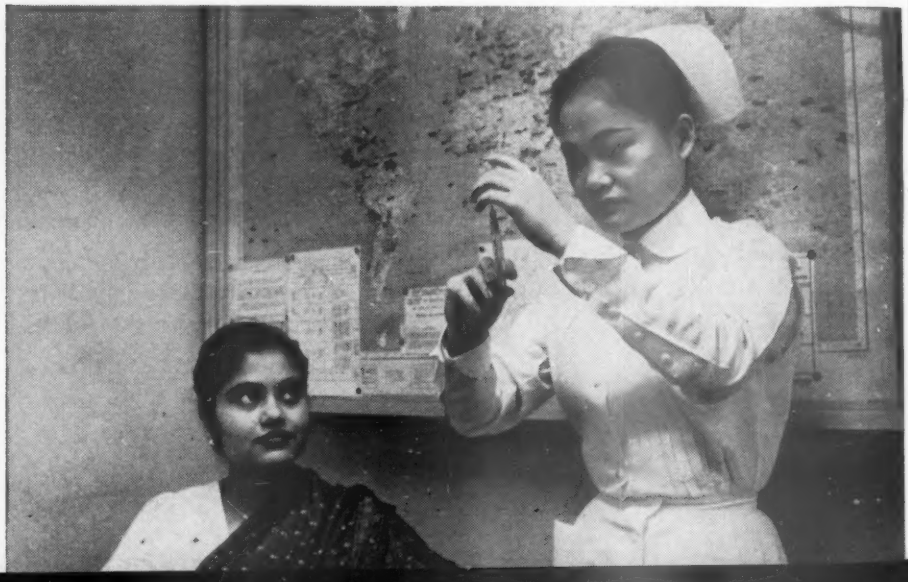
Inoculating travelers is only one of many services these four nurses provide for the 3,300 U.N. employes from ninety-nine member nations. Anyone in the U.N. buildings who is ill or injured, including visitors, gets emergency care. The health service averages more than fifty calls daily for first-aid treatments, and about 20,000 visits a year for all causes.

To handle this load there's a staff of thirteen, from eight nations. Included are an administrator, two doctors, two technicians, and four office workers. Nurses are hired from any member nation. At present, three R.N.s are Americans and one is a Filipino. (No vacancies are in view at the moment.)

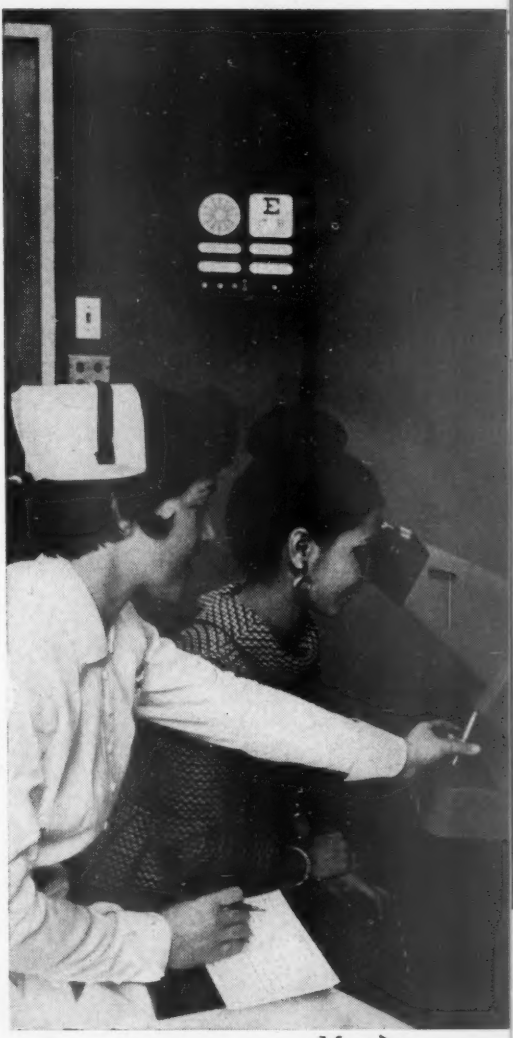
CHIEF NURSE *Jeanette Averill enjoys the U.N. peacocks (above) and the East River view (opposite).* *More*▶

MEDICAL HISTORIES *of employes arrive from all over the world. Dr. Szeming Sze, director, and Miss Averill review a new record.*

A QUICK TRIP ABROAD *by an employe may mean a booster shot, prepared by Leticia Abaquin. To the Congo-bound, she gives yellow-fever vaccine.*



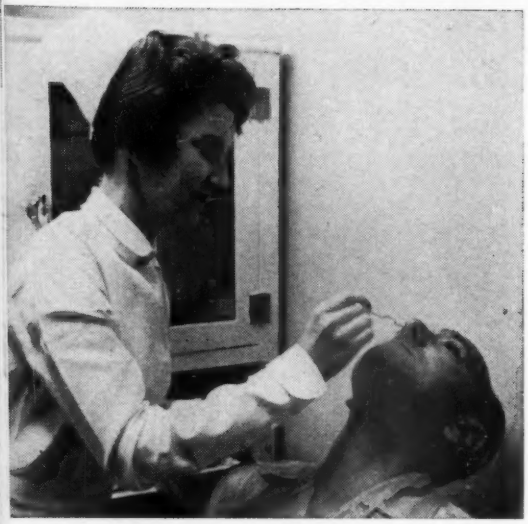
NURSES MAY LEARN *any of five languages in U.N. classes. Miss Averill improves her French by reading the latest copy of Le Monde.*



VISION TEST *is given by Lillian Auger, of French-Canadian descent, to a girl from Kashmir. R.N.s hear the chart read in many accents.*

More▶

FIRST-AID CASES *account for half the daily calls. This visitor hurt his ankle in the Security Council chamber. A guide (right) summoned Miss Averill. Sometimes enthralled sight-seers walk into glass doors, suffer cuts, bruises.*



UPPER RESPIRATORY *infections are the most common condition treated. Here Joan Ziegler helps a maintenance worker. U.R.I.s tend to soar during tense meetings.*

GUARDS TAKE OVER *first-aid duty on week-ends. During weekly check of his first-aid kit, a guard asks Miss Averill about splints. When the General Assembly meets, she hires an extra nurse to cover late hours. R.N.s need not register in New York to work here.*

PAPER WORK *sometimes keeps Miss Averill after hours. Her monthly tally of conditions treated shows that headaches are few—medically, that is!* **END**

When your patient can't

This round-up of the latest information on sleep gives some practical pointers on what and what not to do for the patient at odds with Morpheus

By Patricia D. Horgan, R.N.

Tired of hearing that chestnut about the night nurse who wakes the patient to find out if he's asleep? It's about as amusing as a case of fallen arches; and that, in Molly's words, "ain't funny, McGee."

Yet we continue to have patients who toss and turn through long nights; who pace the corridors in the small hours of the morning; and who, in the process, make themselves, their fellow patients, and sometimes the nurse miserable.

The nurse would like to offer such patients some help other than that provided by drugs and the usual nursing techniques. But what?

Unfortunately, nursing school courses offer little information about the sleep mechanism and the physiologic changes that take place during sleep.

This is understandable. For scientific knowledge about sleep is still sketchy. In fact, if you look for an answer to the simple question of what sleep is, you're likely to find as many theories as there are spots on a leopard.

Some ancient philosophers thought sleep was a period in which the soul wandered free of the body. Others said sleep was

sleep

a kind of transient death. Freud thought sleep was a regression to an earlier and more primitive plane of existence.

Today many researchers view sleep as part of a natural sleep-wakefulness cycle. The individual will get the sleep he needs, they say, unless he consciously interferes with this cycle.

Nathaniel Kleitman, PH.D., of the University of Chicago (probably *the* recognized authority on sleep) says: "Wakefulness is a subcortical, probably hypothalamic, function . . . wakefulness of *choice* . . . is a cortical function."

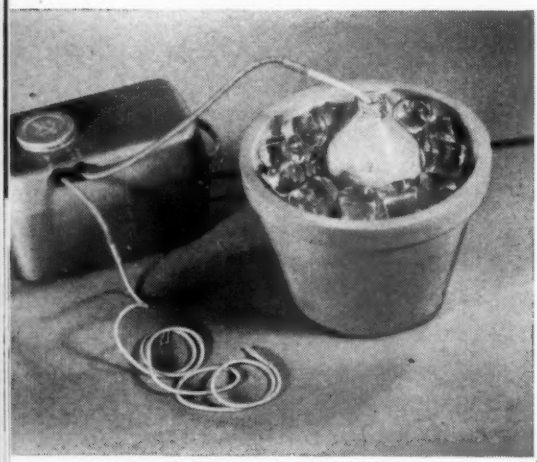
Most people today think of wakefulness as man's normal state and of sleep as a resting period. But Eugene D. Robin, M.D., of the University of Pittsburgh disagrees. "Sleep," he says, "is the normal state . . . Rather than 'falling asleep,' the individual rouses to wakefulness. The question we should be asking is: 'What causes the waking state?' "

Whatever the answer to that question, researchers *do* know something about the physiologic changes that occur in natural sleep. The research team of J. W. Lovett Doust, M.B., and Robert A. Schneider, M.D., lists the following changes:

(1) The systolic pressure drops 10 to 30 mm. of mercury. (2) The heartbeat slows to a pulse rate of 60 or less. (3) The basal metabolic rate drops 10 to 15 per cent. (4) Body tempera-

ture decreases. (5) Breathing slows and becomes intermittent, with costal tendencies. (6) Glandular and urine secretions diminish. Also, (7) the knee jerk is absent and (8) the Babinski reflex (of the big toe) is positive.

As sleep deepens, say Doust

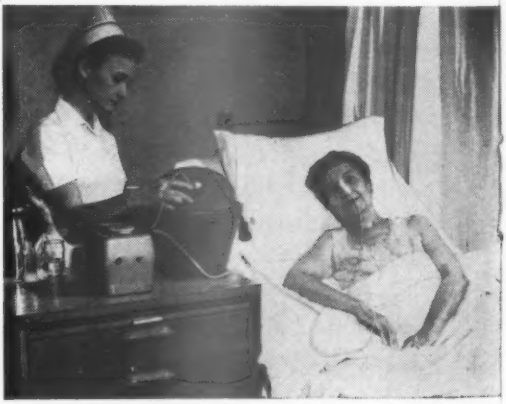


A machine that simplifies tube-feeding

Any R.N. who's ever struggled with a leaky, sticky gravity-drip set-up for tube-feeding continuously by nasal gavage will welcome a device called the Barron Pump.* Here are some of its reported advantages:

¶ It lessens the need for special tube-feeding formulas. (Blender-prepared natural foods or strained baby foods can be given.)

*Available from the Oro Manufacturing Co., Inc., Adrian, Mich.



and Schneider, the blood-oxygen level drops. They've found that test subjects make the loudest noises in the deepest planes of sleep. Such noises, they believe, reveal involuntary efforts to raise blood-oxygen levels.

Is it important for you, as a

¶ It eliminates the need to adjust the flow rate when a patient changes position.

¶ It requires only minimum supervision. The top photo shows the pump ready to be connected to the gavage tube. Note that the short length of latex tubing is attached to a plastic drinking tube. This, in turn, is inserted into the liquid food. (The ice-filled container prevents spoilage during a lengthy feeding.)

In the second photo, the nurse has attached the long latex tube to the gavage tube, and the feeding is in progress. She has also put a top on the insulated container and is checking to see how much food remains.

In this instance, she has set the pump to deliver food at 67 cc. per hour. It will also deliver at 42, 110, and 200 cc. Here's how it works:

Inside the metal case is a pressure roller driven by a small motor. The roller squeezes the section of tubing that lies within the machine. This action draws food into the tubing and forces it along at a constant rate.

Occasionally the nurse checks to see that the tubing isn't clogged and that it isn't "creeping" into the machine. (Rubber grommets mounted where the tubing enters and leaves the machine are designed to prevent this.) She flushes it through with water whenever cleaning is necessary, and she replaces the tubing after a week of continuous use.

The pump was developed by James Barron, M.D., associate surgeon at Henry Ford Hospital in Detroit, and the Chrysler Corporation's engineering department. Nurses who use it there and in other hospitals say it's a real timesaver. They add that tube-feeding is a much more comfortable and esthetically pleasant experience for their patients when this pump is used. END

nurse, to know how bodily functions change during sleep? Yes, thinks Dr. Robin. He points out that "normal physiologic changes associated with sleep may have deleterious consequences for the patient with disease."

As an example, he cites the patient with emphysema. This patient is hypoxic and hypercapneic while awake. When he sleeps, these difficulties are intensified. He becomes progressively more hypoxic. So, on awakening, he usually has his period of greatest respiratory distress.

"Some sleeping patients may need more, not less, of the nurse's attention," Dr. Robin points out.

Many night nurses contend that the critically ill patient seems to be worse during the early morning hours and so needs closer observation at that time. (Often, they say, this is when such a patient dies.) There is scientific evidence to support this theory. Doust and Schneider found that ". . . repeatedly, the period between four and five in the morning was the time at which anoxemia was at its greatest and life at its lowest ebb."

Though the night nurse would *like* to spend more time with her critically ill patients, the sleepless patient often prevents this. He rings his call bell steadily. He wants the bed up or down a half inch, or the window closed, or another sleeping pill.

According to the theory of the sleep-wakefulness cycle, this patient is, in reality, trying to stay awake, not trying to sleep. His struggle is caused, say Doust and Schneider, by his "inability to forego interest . . . in personal problems, persistent introspection, or anxiety."

Paul H. Fluck, M.D., in the Journal of the American Medical Association, adds: ". . . the most intractable [nonsleeper]. . . is the insomniac who knows he is an insomniac. He goes to bed with a chip on his shoulder and lies awake half the night because he knows it is useless to close his eyes. The fellow is like the would-be swimmer who never swims because he never tries."

Some investigators say that insomniacs sleep more than they'll admit. A Mellon Institute-sponsored study reports that "...some . . . awaken but little more often than normal people, and remain awake but a little longer . . . they

Continued on page 84

The narcotic analgesics

By Morton J. Rodman, PH.D.

Pain plays a major role in most of man's afflictions. Even moderately severe pain can retard a patient's recovery by robbing him of rest. Prolonged severe pain can endanger his life. So preventing or relieving pain has always been one of the doctor's and nurse's foremost tasks.

Since ancient times opium has been man's most powerful painkiller. Today morphine and other opium derivatives are still among the most potent analgesics available. They can relieve almost any kind of chronic or acute pain.

What makes the opiates so effective? For one thing, they block most of the pain signals, preventing them from breaking through into consciousness. More important, they bring about a remarkable change in the patient's attitude toward his pain. Somehow—perhaps by acting on the frontal lobes of the cerebral cortex—they cause him to ignore the pain stimuli that do break through. It's this action, research shows, that keeps the patient largely pain-free.

Morphine and the other opiates have a third attribute: They produce sleep even in the presence of severe pain. This may be lifesaving for the coronary-attack victim. He needs rest, and freedom from anxiety. Morphine helps meet these needs.

But, as the nurse knows, the opiates have drawbacks. Fore-

THE AUTHOR *is Professor of Pharmacology at the College of Pharmacy, Rutgers University, Newark, N.J., and a consultant to the U.S. Public Health Service and other agencies.*

most is their addicting action. This seems to be related to their action on the brain. Whatever the cause, every drug in use today that's potent enough to stop pain when given in small doses is also addicting.

Sometimes pain-relieving doses disturb body functions. They can cause drowsiness, dizziness, disorientation, nausea, vomiting, constipation, and smooth muscle spasm. Worst of all, overdoses may deeply depress the patient's respiration.

Today three developments are reducing these drawbacks: (1) Scientists have turned up several synthetic painkillers claimed relatively free of side effects. (2) They've discovered narcotic antagonists and other agents that help make narcotic medication safer. (3) Doctors have learned

Some analgesic agents

Entries on this list start with the official or generic names of the drugs, followed in parentheses by the trade names and/or synonyms.

Potent addicting drugs

Opium principles and derivatives

Codeine, N.F. (Methylmorphine)
Codeine phosphate, U.S.P. (Methylmorphine phosphate)
Codeine sulfate, N.F. (Methylmorphine sulfate)
Diamorphine (Diacetylmorphine, Heroin)
Dihydrocodeinone bitartrate, N.F. (Dicodid, Codone, Mercodinone)
Dihydromorphinone hydrochloride, U.S.P. (Dilaudid, Hymorphan)
Drocode (Dihydrocodeine, Paracodin)
Metopon hydrochloride (Methyldihydromorphinone)
Morphine hydrochloride, B.P.; morphine tartrate, B.P.
Morphine sulfate, U.S.P.
Oxymorphone (Hydroxydihydromorphinone, Numorphan)
Thebaine (Dimethylmorphine)

Synthetic analgesics or opioids

Alphaprodine hydrochloride, N.N.D. (Nisentil)

how to combat addiction by applying new knowledge about pain.

Among the new painkillers are two synthetic analgesics, phenazocine (Prinadol, NIH 7519) and piminodine (Alvodine). Pain-relieving doses of these and of meperidine (Demerol et al.) are said to leave the patient relatively bright and alert. Another claimed advantage: Prinadol and Alvodine seldom produce nausea and vomiting. Also, constipation is claimed uncommon with either of these drugs or with oxymorphone (Numorphan), a new morphine derivative. This should make them especially useful for the treatment of bedridden patients who suffer from bowel sluggishness.

Demerol is often the drug of

Continued on page 88

Anileridine hydrochloride, N.N.D. (Leritine Dihydrochloride)
Anileridine phosphate, N.N.D. (Leritine Phosphate)
Dextromoramide tartrate (Palfium)
Dipipanone (Pipadone)
Levorphanol tartrate, N.F. (Levo-Dromoran)
Meperidine hydrochloride, U.S.P. (Demerol, Dolantin, Isonipecaine, Pethidine)
Methadone hydrochloride, U.S.P. (Adanon, Amidone, Dolophine)
Phenadoxone HCl, B.P.
Phenazocine (Prinadol, NIH 7519)
Piminodine ethanesulfonate (Alvodine)

New nonaddicting analgesics

Carisoprodal (Soma, Rela)
Dextro propoxyphene, N.N.D. (Darvon)
Ethoheptazine (Zactane)
Phenyramidol (Analexin)

Narcotic antagonists

Levallorphan tartrate, U.S.P. (Lorfan)
Nalorphine hydrochloride, U.S.P. (Nalline)

TOP 1960 RN-AWARD-WINNING ARTICLE

'Nursing is what you make it!'

Bored doing 'industrial first aid'? A slave to beds and baths? This R.N. makes routine a challenge

By Virginia Mello, R.N.

"Just first aid. That's all industrial nursing is. Doesn't it bore you to death? It did me! I'm glad to be out of it and back at the bedside."

So spoke a nursing school friend I'd bumped into on a shopping foray. We were bringing each other up-to-date on our careers.

I suppose that if I were new to industrial nursing, I'd have bridled at her remark. But in thirteen years with industry, I've got used to such comments. So I smiled and said: "It's been a long time since we've seen each other, Jane. Why don't we have lunch together?"

Later, over coffee, I started in low gear: "The comment you made about industrial nursing interests me."

"I didn't mean it as personal criticism," Jane said. "But honestly: Don't you think industrial nursing *is* pretty dull?"

"No," I said, emphatically. "Back in my salad days I thought *bedside* nursing was dull—just an endless round of beds, baths, back rubs, and bedpans. That's what I used to tell my nurse-friends when they kidded me

about industrial nursing. But I don't any more. And I'll tell you why: I've learned that *any* kind of nursing can be made challenging and exciting."

"Even first aid?" Jane asked dryly.

"Even first aid," I said. "The immediate task isn't the determining factor. It's what more you

TAKING A CUE *from this Union Carbide (Ashtabula, Ohio) worker's comment about his chapped skin, Industrial Nurse Virginia Mello turns a first-aid procedure into a brief but helpful lesson on skin care.*

SEEING A CHANCE *to provide "plus" service to a diabetic employe, Miss Mello extends a routine back-to-work check-up into a teaching session on what food substitutions the patient can make in his packed lunch.*

can do for the patient *because you are a nurse* that counts."

"I suppose so," Jane said, ready to close the subject.

I continued quickly: "Do you agree that the nurse, because of her education and experience, has a potential for counseling, health teaching, and so on?"

"Of course. But how much of that can any of us really do?"

"More than we usually admit. Too often, the R.N. in bedside or industrial nursing—in any kind of nursing—forgets two things: her own capacity and the fact that patients are people! She starts thinking of her work as a series of chores—each to be done as quickly as possible. Soon she gets bored. She may even quit nursing."

"You have a point," Jane conceded. "So, what's the answer?"

"Decide that *nursing is what you make it*. Study each patient as a person. Look beyond the immediate situation and take advantage of any opportunities that present themselves."

"Sounds wonderful. But is it practical? Give me one example."

"When you were in industry, I suppose you had a group of 'regulars' who came to the dispensary almost daily for some minor complaint or other?"

"I did, indeed. And what a group that was!"

"Well, one worker I hadn't seen for months suddenly became a 'regular.' Sometimes he'd report a minor accident. But mostly he just complained of an ache here or a pain there.

"He seemed to want to tell me something. One day as we talked, I learned that he had a deaf son. He was at his wit's end trying to figure out a way to help the boy.

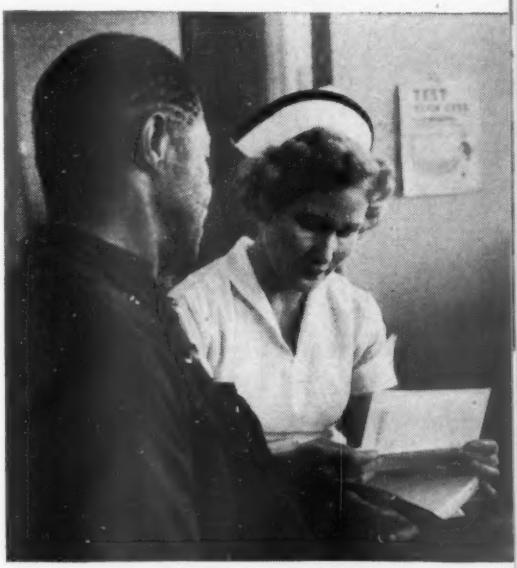
"Then I realized that his family problem was probably behind his minor accidents and general complaints. So I asked him when a doctor had last seen his son. He said it had been several years before.

"At my suggestion, we called the county health nurse. She arranged for an ENT specialist to check the boy. Eventually, the parents were able to enroll him in a special school.

"That worker seldom visits the dispensary now. When he does, it's to show us the latest pictures of his son and to tell us how well he's doing.

"Here's my point: I could have concentrated on the pa-

Continued on page 64



BEING HELPFUL *in personal matters turns each working day into a more interesting experience, says the author. Here she interprets a business letter for a puzzled worker.*

Caring for the patient with retinal detachment

By Diane Seide, R.N.

Until thirty-one years ago, when the first retinal operation was performed in Switzerland, retinal detachment meant certain blindness. Today, most patients discharged from reputable eye-surgery centers enjoy either partially or totally restored vision.

RN's editors are aware that ophthalmologists, like most specialists, differ among themselves as to precise procedures and methods of treatment. One eye man, for example, may want his patient completely immobilized after surgery. Another may permit his patient limited motion.

But all ophthalmologists agree that the nurse's care is vital in the patient's recovery. Depending on the extent of the patient's difficulty, the nurse may have to position the patient exactly and/or keep him absolutely quiet. She provides constant emotional support. This often means answering questions about the eye, the condition, and the operation.

Here an RN reporter takes you to New York City's Manhattan Eye, Ear, and Throat Hospital, where the surgeon-director and the operating room supervisor share with you the particular techniques and equipment they favor to help victims who are suffering from retinal detachment.

"Contrary to popular belief," said Dr. Donald M. Shafer, "physical strain is not the *basic* cause of retinal detachment. Such detachment usually results from a structural weakness that often runs in families. Many patients with this ailment are myopic. About a third who have detachments in one eye develop them later in the other."

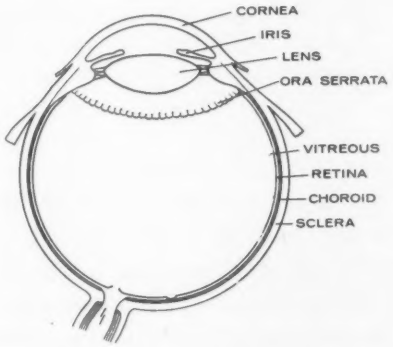
Dr. Shafer is surgeon-director of the Manhattan Eye, Ear, and Throat Hospital in New York City. He has arranged for me to observe some retinal-detachment procedures, along with pre- and post-operative nursing care.

"How can you tell when a detachment occurs?" I ask.

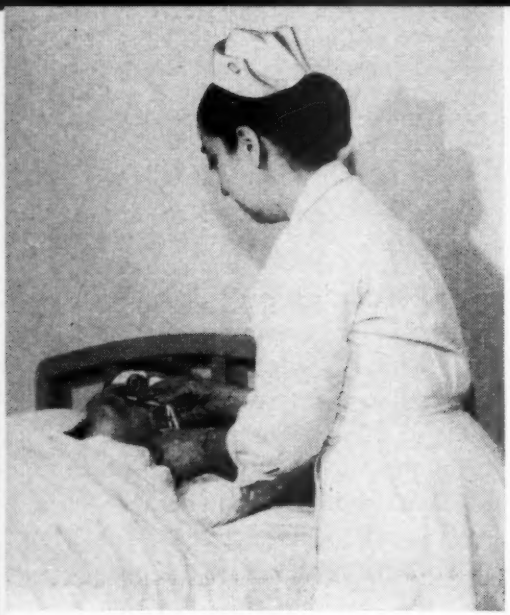
"Each stage has easily recognized symptoms. When the rip, or tear, first appears in the retina [*see eye sketch*], the patient may see a shower of black spots. Then, one day to several weeks later, as the vitreous pulls on the tear, he sees bright spots. Finally, as the retina peels away from the choroid, a black curtain seems to descend.

"Our first task—the one the nurse is vitally concerned with—is to get the patient's detached retina as flat against the choroid as possible. Unless we can do this, detachment surgery is less hopeful. So before surgery we bring the patient in for a period of supervised bed rest to help the retina settle back or flatten."

To learn more about the pre-



IN RETINAL-DETACHMENT PATIENTS, *the retina (the eye's perceptive structure) has pulled away from the underlying choroid which nourishes it. Blindness will result unless the retina can be reflattened against the choroid.*



POST-OP CARE BEGINS *with the patient positioned exactly by the doctor. Here, fluid diet is given by Barbara Volpe,* R.N.

op care that's needed, I talk with Barbara A. Volpe, O.R. supervisor.

"The patient comes to the hospital two days to a week before surgery," she explains. "His eyes are covered—usually with dark pin-hole glasses at first. These are less frightening than bandages, and they help decrease eye movement. This, in turn, helps flatten the retina. The patient can't see, or can see light only. So we tend to his every need and give him constant emotional support. If the glasses haven't proved effective within

forty-eight hours, bandages are applied."

As we walk through the unit, Miss Volpe points out that the patient is usually on a full diet. For each meal, the nurse tells him exactly what's on his tray and what food she's giving him. Between meals she visits him frequently, so he doesn't feel cut off from his surroundings. She may read to him or turn on the radio. She encourages him to "talk out" any fears he may have.

If he has bathroom privileges, she helps him to the bathroom, making sure he doesn't jar himself. She gives him pre-op medications as ordered—explaining each time what she's doing. Finally, she wheels him to surgery, where a specially trained scrub nurse takes over.

Leaving Miss Volpe, I next observe an operation in which diathermy is used to repair a detached retina.

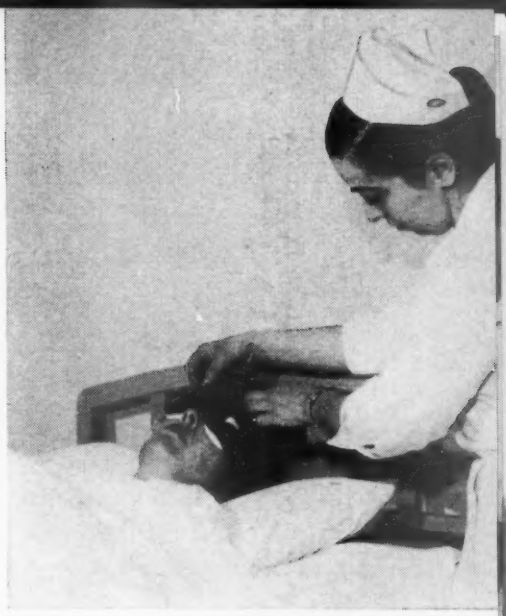
The patient lying before me is completely draped except for his left eye and arm. Inflammable anesthetics can't be administered, so the anesthesiologist gives nitrous oxide by intubation, with I.V. Anectine (a muscle relaxant). Just before the operation, I.V. Pentothal is added.

After opening the conjunctival layer, the surgeon cuts the eye muscles free and turns the eye, so he can work on the back of it. Then he checks a retinal chart posted on the wall to make sure he has spotted the exact location of the retinal tears.

A nurse turns on the diathermy machine. An assistant holds the eye steady between lengths of suture. He picks up the diathermy electrode. The surgeon guides him to the exact spot on the exposed sclera with a specially designed instrument, the indirect ophthalmoscope. The assistant presses the tip of the electrode gently against the sclera. A small burn appears on the eye. This causes coagulation in the retina, sealing off the detachment.

A few minutes later I stand in another room. Before me is a patient without drapes. This time a nurse pushes a gleaming, humming machine close to the table. It's about the size and height of a refrigerator. A long, black, telescopic arm extends over the patient.

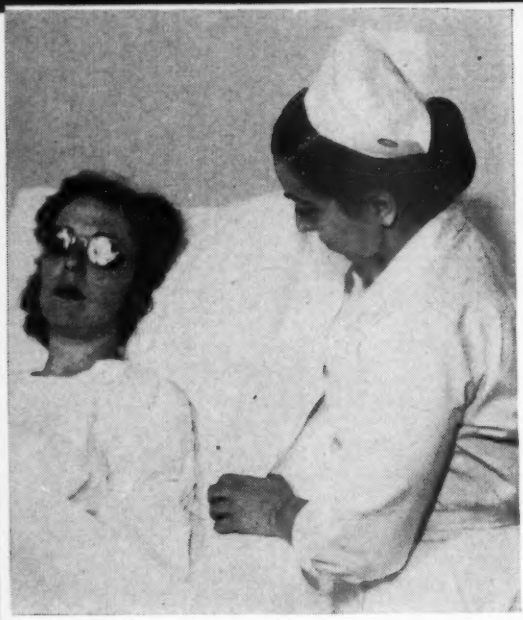
This is the Light Coagulator, a German-designed machine that has been used in the U.S. for about a year. It produces a tiny beam of light that's three to six times as bright as the strongest sunlight.



TO REDUCE EMOTIONAL TRAUMA, *the patient's good eye may be exposed on the doctor's orders. Here the nurse starts the procedure.*

The operation is called light coagulation. It's used without surgery to (1) burn out a malignant tumor or (2) seal off small retinal tears before detachment occurs. Used *with* surgery, it helps seal tears and prevent later detachment.

This new technique makes use of the principle that light produces heat when absorbed. The surgeon directs the powerful beam on the tumor or the retinal tear. When concentrated on a tear, the light is absorbed by the



PIN-HOLE GLASSES *are a welcome change to the patient, who is now able to sit up briefly. The nurse arranges the pillow for support.*

pigmented choroid that lies *below* the retina. The resulting heat causes coagulation in the retina.

After the operation is completed, I ask Dr. Shafer if any techniques other than diathermy and light coagulation are used for repairing detachments.

"In many cases," he replies, "a scleral resection may be necessary. For instance, suppose the retina has been detached for some time and has become fixed —that is, has folded in upon itself. Then we remove a piece of the sclera on one side of the fold and sew the edges together. We

may even enclose a piece of silicone rubber. This shortens the eye and helps bring the retina against the choroid so that diathermy may be used.

"For more complicated cases, we may do an encircling buckle. In this procedure, we encircle the eyeball with a piece of thin polyethylene tubing and suture it in place. This pushes the outer wall of the eye inward, holding the retina and choroid together.

"If there's a large-volume detachment—and often if other methods fail—we may try a vitreous implant. We inject human donor vitreous into the afflicted eye to build up the pressure. This may force the retina and choroid together from the inside."

I thank Dr. Shafer and again join Miss Volpe to continue our tour of the unit. As we move along, she explains the post-op care. The following are the major points she stresses:

▶ Correct positioning and safeguards.

The doctor orders a certain position for the post-op patient according to the location of the retinal detachment. For example, with a temporal detachment of the right eye, the patient lies on his right side; for an upper de-

tachment of either eye, he lies flat, with feet and legs slightly elevated.

The patient is encouraged to move his extremities to prevent venous thromboses. The nurse explains he must not shift the position of his head under any circumstances. Otherwise a redetachment may occur. She visits him often to help reduce the psychologic trauma that his imprisonment in darkness may induce.

Sometimes (though rarely) a patient may become so upset that he tries to tear off the bandages. Then the nurse removes the bandage from the good eye and calls the doctor, who may order sedation.

Usually, visitors are limited. For they may excite the patient and cause him to move. The nurse enforces this rule strictly. She also tries to keep the room free from disturbing noises.

▶ The patient's diet.

The patient starts on a liquid diet. Solid foods are added gradually. The nurse makes sure the patient doesn't get fruits with pits or seeds in them, or fish (because of the bones).

▶ Ambulation and discharge.

After the retina is flat and healing has started, the patient usually is allowed progressive movement, beginning with leg-dangling. Once the dressings are permanently removed, he again wears pin-hole glasses to minimize eyeball movement.

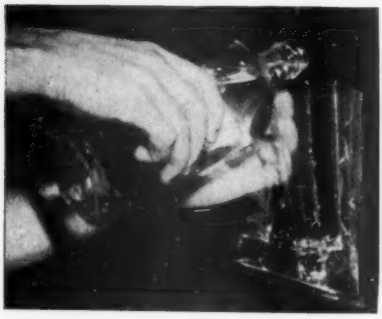
The nurse warns him not to (1) touch his eyes, (2) jar himself, (3) bend over, or (4) lift heavy objects from any position.

If the doctor wishes, she repeats the doctor's instructions to the patient and to members of his family so they'll know exactly what to do. She secures the proper eye drops and tells the patient how to use them. She stresses

STEADYING THE PATIENT *in her first cautious movements, the nurse helps her into position for a few minutes of leg-dangling.*

that he should return to the doctor, or to the clinic, for regular post-op check-ups. She emphasizes that the doctor has done his best to repair the patient's eye, or eyes. Now it's up to the patient to cooperate so that he may soon resume a normal life. END

NURSING Tip



How to make a supply of non-lumpy ice bags

Cellophane bags, now available commercially, can be used to make icebags that aren't lumpy, don't leak, and never need refilling. Here's how the bags are readied for freezing, as described by Major Robert T. Reese, dental surgeon at the Hickham Air Force Base in Hawaii:

¶ Prepare a 10 per cent salt solution.

¶ Holding each bag upright as shown, pour in enough solution to fill the bag one-fourth full.

¶ Seal the top by heating and pressing the edges firmly together.

You can stack several bags in the refrigerator, says Major Reese, and they won't stick together. They're ready for use in an hour. When you take one out, wrap paper napkins or facial tissues around it to absorb surface moisture.

The bags stay frozen for twenty minutes of use. They can be cold-sterilized and refrigerated over and over. END

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'Nursing is what you make it!'

Continued from page 55

tient's immediate complaints. Instead, I looked beyond them. Compare the satisfaction I had helping this man solve his family problem with the satisfaction I'd have had from bandaging cuts or dispensing aspirins day after day!"

"I see your point," Jane conceded. "But you've used an unusual case. What about all the patients with routine injuries and illnesses that you care for day in, day out? Don't tell me you find *every one* of them a challenge?"

"Not every one. But many. For instance: The other day a foreman brought in an injured worker whose face and shirt front were covered with blood. Both men were badly shaken. It turned out the injury was a minor scalp wound, caused by a splinter of metal.

"The two men were amazed that such a small cut could bleed so freely. So, while I cleaned the wound and applied a dressing, I explained how the scalp is well supplied with blood vessels and thus bleeds profusely, even from a tiny laceration. I showed them how, by applying pressure over the bleeding site, you can control the blood flow.

"My point again: I looked beyond the patient's immediate need. I could have cared for the injury, made a cryptic remark about keeping the dressing clean, then sent the men away with the impression that I was frightfully efficient. Instead, I did some health teaching. And I'm hopeful that what I taught will help those two workers handle their families' first-aid needs more effectively."

"Your point is beginning to come through," Jane said with a grin.

I went on: "Many a nurse seems to lose the pride she once had in being an R.N. She forgets she's in a profession others look up to. She forgets that often the patient expects *her*—simply because she's a *nurse*—to work some kind of magic that will help him out of the situation he's in."

Jane looked skeptical again.

"It's true," I said. "For example: One of our workers kept coming in to have dirt removed from his eyes. Now I knew he had goggles and was supposed to

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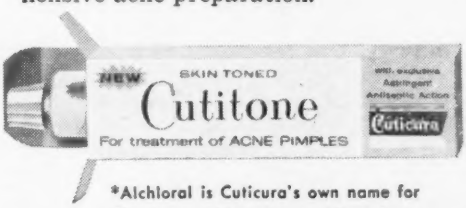

*Alchloral is Cuticura's own name for Aluminum Chlorhydroxy Allantoinate

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wear them. So I asked about this.

"His goggles didn't fit, he said. They kept slipping down his nose. Why didn't he ask the safety office for a different pair? Well, a man just doesn't do that . . . His voice implied that a nurse could, if she wanted to. So I took him to the safety office and got a pair that stayed put. *That* ended his trouble—and possibly saved him from a serious accident to his eyes.

"Another example: Some of our workers are recent immigrants. They can't read English. So, once in a while a man will bring me a letter in English to read to him. He does this, I'm convinced, because of two facts: (1) I'm a nurse. In his mind, a nurse is a person who helps people. (2) He met me at the time he took his employment physical. He senses that I'm interested in him as an individual, whether he's well or sick."

Now Jane took the offensive. "But you have an advantage over the hospital nurse. Your patients are with you for as long as they're employed. The hospital nurse faces a different situation. Her patients come and go so fast she

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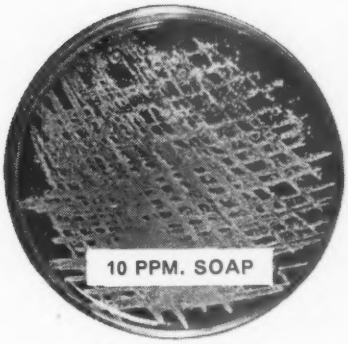

In vitro tests demonstrate Dial's extraordinary effectiveness

1. Ordinary toilet soap left this heavy growth of Staphylococcus aureus

2. A widely used antiseptic soap showed little inhibition of Staphylococcus aureus

3. Dial Soap completely inhibited Staphylococcus aureus

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usually doesn't have a chance to know them well. She can't avoid being caught up in the impersonal admission-discharge routine."

"That depends on the nurse," I said. "For instance: Suppose she's teaching a diabetic patient how to give himself Insulin. Maybe she sees him only once or twice.

"If she's 'all business,' she simply teaches him the Insulin-injection technique—which is all right as far as it goes. But if she's the kind of nurse I'm talking about, she looks for other ways to help him.

"Suppose she draws him into conversation and learns about his job. She sees at once that it will be hazardous for him, because he's a diabetic. He may easily be cut or burned. So she passes on this information to, say, the medical social worker. By this action she may help save the patient from future grief. She gets a glow of satisfaction from the 'plus service' she has given.

"Why, I'll bet there's a way to make even the bed-bath ritual more interesting, if the nurse puts her mind to it!"

Jane was nodding in agreement. Suddenly I realized that the coffee shop was nearly empty. I glanced at my watch. I was going to miss that sale I'd come to town for unless I hurried right off.

Jane and I parted with the usual promise to get together again soon. I guess I made a convert that day. For at Christmas came a brief note, scribbled on the back of her card:

"Got a terrific offer to go back to my old plant. And, thanks to you, I nearly jumped at it. But I'm having such a ball putting over some of the ideas we discussed that I couldn't bear to leave the hospital. Not just yet, anyway. Fondly, Jane." END

news

Continued from page 27

"Yes," said 81 per cent of a sample of doctors polled recently by GP magazine. "No," said all administrators polled by Southern Hospitals magazine.

Many M.D.s felt that hospitals could reduce a number of above-cost or overlapping charges. For instance, one doctor objected to a hospital's charge of 15 cents per aspirin. Another suggested: "The patient who pays for I.V. feedings shouldn't have to pay for meals."

The administrators pointed out that most hospitals operate at cost or at a loss. They readily admitted that some items and services are billed at above cost. But, they added, this is done to pay for nursing and other unbilled services.

capsules

New **teaching films** available: "I Dress the Wound," showing the right and wrong ways to apply post-op dressings (Johnson & Johnson); "Disinfection of Skin," showing skin-cleansing techniques (American Cyanamid Company and Winthrop Laboratories) . . .

A new transistorized monitor is said to provide a continuous record of the **fetal heartbeat** throughout labor and delivery, thus eliminating errors associated with stethoscopic checking at intervals . . .

A new **health-care plan** sponsored by the United Auto Workers in the Detroit area reportedly provides up to 60 days a year of home nursing services. Nonunion as well as union members are accepted...

Ever hear of "serendipity"? That's the **latest catchword** in some U.S. medical centers, says John D. Spillane, M.D., of the Cardiff Royal Infirmary, England. During a visit to U.S. hospitals he grew tired, he says, of hearing educators overusing such terms as "challenge," "motivation," "integration," and "goals.". . .

Hospitals and blood-collecting agencies in Greater New York are switching to the use of plastic bags as **blood containers.** Use of glass bottles is slated to end July 1 . . .

Veterans Administration surgeons have successfully implanted a small battery-powered **electronic pacemaker** under the skin of several patients with complete heart block. The batteries are expected to last five to six years. The device can then be replaced . . .

An investigation of 92 privately owned **medical labs** in New York

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(Signed) William L. Chapman Jr.,
Publisher

Sworn to and subscribed before me this 28th day of September, 1960.

(Seal) Martha J. Pryor,
Notary Public, State of New Jersey
(My commission expires October 24, 1960)

. . . *news*

City has shown 58 using questionable methods, say city officials. At last report, nine of the 58 had been closed and the others ordered to mend their ways . . .

More than 40 per cent of doctors surveyed recently by Medical Economics magazine say that because of the growing threat of **malpractice suits** they're (1) keeping more detailed records, (2) ordering more X-rays, (3) referring more patients to consultants, and (4) giving advice less often by phone . . .

Vaginal smears, taken weekly during early pregnancy, are effective in spotting the danger of **spontaneous abortion,** a study team has reported to the Pan American Medical Association . . .

Latest example of **curriculum changes** being made by diploma schools: Next fall, the junior/senior years at Mercy School of Nursing in Toledo, Ohio, will be shortened from 12 months to nine . . .

Starting in 1962, candidates for A.M.A.-approved hospital schools of **medical technology** will need three years of college instead of the present two . . .

Your **sense of humor** acts as a safety valve, allowing you to discharge "health-sapping tensions," according to a Michigan State University study. END

WHAT'S NEW IN *Drugs*

Claims made here for new drug products are claims made by the manufacturers of those products and are reported by the writer of this column as a service to readers. RN *itself makes no claims.*

Diarrhea-control tablet: A new product called *Lomotil* has been safer and more potent than paregoric for treating diarrhea. It contains diphenoxylate, a chemical that's relatively free of such opiate-type side effects as drowsiness, dizziness, and vomiting. It has been used to control or lessen bowel movement in gastroenteritis, food-poisoning, ulcerative colitis, the malabsorption syndrome, and other conditions.

Diphenoxylate hasn't caused addiction in humans. But it has shown some addicting signs when given to animals. Because of this and because of its chemical similarity to meperidine (Demerol et al.), it must be handled as a narcotic.

Potent malaria-fighter: Two antimalarial agents combined in a product called *Camoquin* destroy

all stages of the malaria parasite. So say doctors who've tested the combination on thousands of patients in India, Africa, and Latin America.

One of the agents, amodiaquin, wipes out the stage of the organism that invades the red blood cells. This promptly stops an acute attack and suppresses any further reproduction of the parasite in the blood corpuscles.

The other component, primaquine, eliminates malaria cells that invade the liver and other body tissues. This prevents later relapses.

Primaquine also kills carrier cells circulating in the blood, thus cutting the link of transmission between man and mosquito.

Injectable urea diuretic: A new sterile urea powder suitable for injection is called *Ureaphil.* Reports say it often produces dramatic effects.

When dripped slowly into a patient's veins, the drug causes a prompt diuresis. This reduces intracranial pressure in cerebral edema resulting from injury, tumors, or other disease processes.

Other reported advantages: It often (1) starts urine flow halted by burns, or surgery, or trauma and (2) does away with the need for bladder irrigation after prostate surgery.

For peritoneal dialysis: A balanced solution of electrolytes and dextrose called *Inpersol* is being used for irrigating the peritoneal cavity in a new procedure for treating acute kidney failure.

In this technique—called peritoneal dialysis—the patient's own peritoneal membrane serves as a temporary kidney. Waste materials pass out of the blood through the thin living membrane into the irrigating fluid, which is then drained off.

Inpersol solution can also be used to speed the removal of barbiturates, salicylates, and other dialyzable poisons from the system.

—MORTON J. RODMAN, PH.D.

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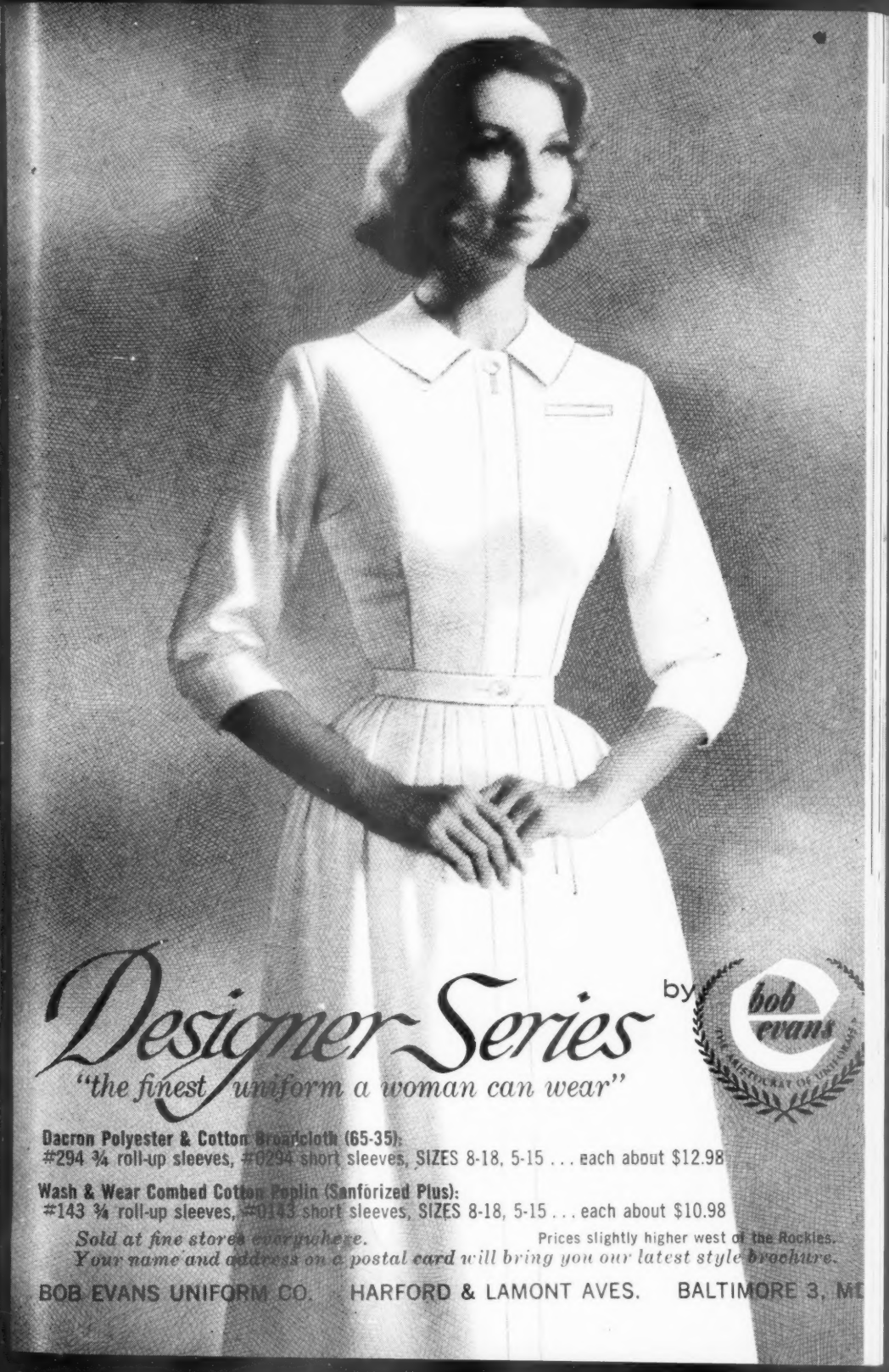

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Continued from page 37

instance, the leather equipment bag you may use when doing private duty. To figure depreciation, assign a reasonable life expectancy to the property and then divide the cost by this figure. Example: Your bag costs $25 and you expect it to last five years. So you report a deduction of $5 each year for five years.

Dues. For membership in professional organizations and in clubs (for instance, a local health group) through which you keep up professional contacts.

Educational expenses. Not deductible if your purpose is to learn a new specialty or to qualify for a new job. Deductible if required to keep your present job, or maintain your present salary level, or improve the skills needed in your present job. Deduct tuition and lab fees, cost of required travel, meals, and lodging.

Employment expenses. Deduct sums paid for position-wanted ads, to nurses' registries, and to employment agencies.

Equipment and books (professional). If their useful life is one year or less, deduct the full cost. If more than a year, deduct the depreciation.

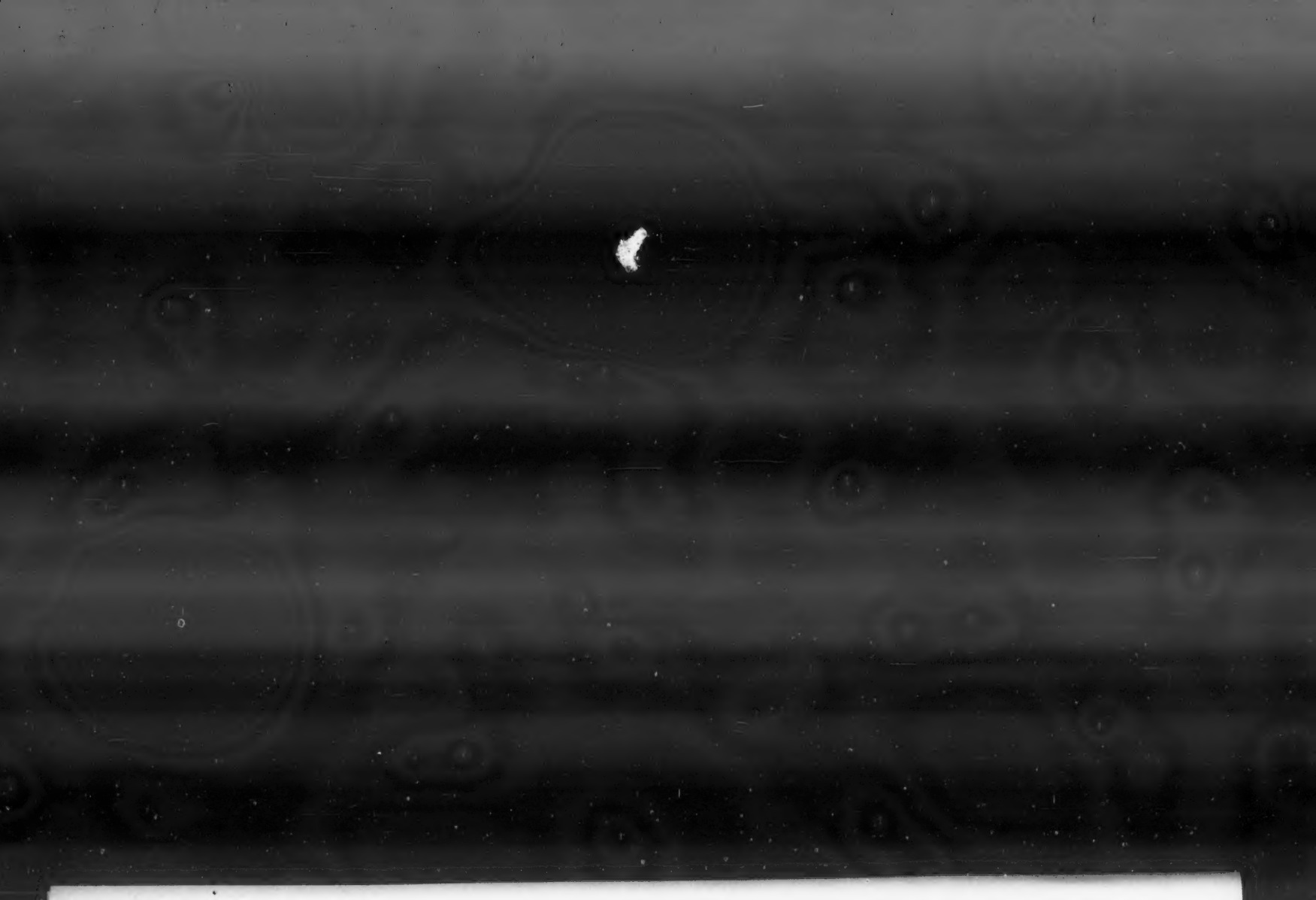
Insurance. Deduct the premiums for malpractice insurance. If you use your car professionally, deduct the proper proportion of your car insurance premiums.

Interest. Don't forget to deduct the interest portion of installment payments, including those for your car.

Medical and dental expenses. (1) Add together amounts paid to doctors, dentists, nurses, optometrists, and hospitals, to the extent not reimbursed by insurance; cost of premiums for health and hospitalization insurance, eyeglasses, dentures, hearing aids, transportation to and from medical care.

(2) Add together the amounts spent for medicines. Subtract from this figure 1 per cent of your adjusted gross income.

(3) Add together (1) and (2). If you're under age 65, subtract 3 per cent of your adjusted gross income from this total. The remainder is deductible up to $10,000, depending on your family status and type of return. If you're over 65, you may de-



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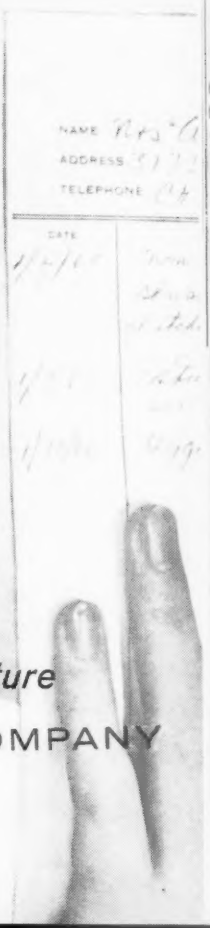

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Some exclusions for R.N.s

Dividends. Omit the first $50 of dividends from your return. Report any amount above the $50. You may take a further credit in this way: Multiply the amount reported by 4 per cent (.04), then subtract the resulting sum from your *total tax.*

Meals and/or lodging. If included as part of your income, omit either or both from your report, as illustrated:

1. Suppose your salary is $4,200. You're required to eat your lunch at the hospital cafeteria, and $200 is withheld yearly to pay for this meal. You report your income as $4,000.

2. Suppose you're required to live in the nurses' residence. Your salary is $3,600 plus room and board. You report the $3,600 only.

Scholarships. Omit when awarded for study at a recognized educational institution (for instance, a college). Also omit any Public Health Service award for advanced training. If you're a student nurse and your scholarship includes room and board at an accredited nursing school, omit the value of these services as well as any cash you may receive.

Sick pay. If you're absent from work because of illness at home, you must pay taxes only on the amount you receive during the first seven days. If you're injured, or if you're hospitalized, the first seven days' income is

tax-free. You exclude your sick pay up to a total of $100 weekly if your employer pays this to you or has paid for the insurance which pays it. There's no limit if your sick pay comes from insurance you've paid for yourself.

Social Security. You may omit all payments whether received in your own right, or as a dependent, or as a survivor. You may also omit all payments received from unemployment insurance. END

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legal pointer

QUESTION: *Practical nurses (and sometimes nurses' aides) often do certain nursing procedures—for instance, take a patient's temperature. Is it legally acceptable for them to write the nurses' notes for these procedures and then sign the notes?*

ANSWER: The most commonly recognized definition of duties for licensed practical nurses states that they may carry out simple nursing procedures in the care of the subacute and convalescent patient. Further, it is generally accepted that properly trained practical nurses (including some called aides) may carry out more advanced nursing procedures under the supervision of R.N.s and at the direction of physicians. Hence, they may also record such procedures in the nurses' notes. Many hospitals require a countersignature by the charge nurse or supervisor who is responsible for their work. From a legal viewpoint, this safeguard is recommended.

DO YOU HAVE A QUESTION *about some legal aspect of nursing? If so, send it to William A. Regan,* LL.B., *care of* RN. *He'll select questions for reply on the basis of their general interest to readers. No questions can be acknowledged or returned.*

When your patient can't sleep

Continued from page 48

pay enough attention at the time to the facts and conditions of their awakening to recall them the next day, whereas the healthy minded person does not."

Other investigators think that we sleep "on guard." A primitive fear of the dark and of the unknown, they say, keeps us subconsciously alert and ready to defend ourselves. For some, this vigilance interferes with sleep.

In support of this, they point out that a child who fights sleep usually drops off peacefully if a parent lies down beside him, or rests a hand on him, or allows the child to keep a favorite toy in the bed. Such contact, they say, helps dispel the child's fear.

There you have several prevalent theories of what sleep is and what causes sleeplessness. Now, what can you do to help the sleepless patient? Here are some ideas:

¶ Try to find out if there's something troubling him. Your willing ear may relieve his anxiety enough to encourage sleep.

¶ Try some of the time-tested procedures that are thought to aid sleep—giving warm milk, for example. This is said to draw blood to the stomach, producing a slight brain ischemia that helps depress the hypothalamic center.

¶ Try gentle massage of the patient's back or forehead. Or sit with him, resting a hand on his arm or on the bed. (This is believed to fill the need for bodily contact.)

¶ Check the environment for disturbing conditions (e.g., noise, light, poor ventilation, tight sleeping garments, and too many bedclothes).

If the foregoing do not work, try this: Have the patient assume a comfortable position, preferably stretched out. (This seems to promote muscle relaxation.) One writer suggests "trying to make oneself as long as the bed." Another recommends lying on the left side in a stretched-out position like that assumed by a sleeping animal.

Once the patient is comfortably positioned, tell him to imagine that the muscles in his legs are relaxing. When these feel completely relaxed, he's to think of the muscles of the trunk, telling them to relax, then the arms, and

SIN-RN03

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DOSAGE: *Adults*—two tablets at the first sign of headache, followed by one tablet every four hours. Do not exceed six tablets in 24 hours unless under a physician's orders. *Children* (6 to 12 years)—one-half the adult dosage. Sinutab, in bottles of 30, is available without prescription.

Each tablet contains: N-acetyl-para-aminophenol, 150 mg.; acetophenetidin, 150 mg.; phenylpropanolamine HCl, 25 mg.; phenyltoloxamine dihydrogen citrate, 22 mg.

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promptly resolves sinus or frontal headache

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finally the neck and face. This, it's said, often helps produce sleep because it's repetitive and distracts the patient's mind from worrisome thoughts.

Encouraging the patient to follow a regular bedtime ritual (such as, for a woman, putting up her hair) also helps distract the patient. Some researchers found that when they denied subjects their usual bedtime routine, the subjects had greater difficulty going to sleep.

Finally, reassure your patient by dispelling any misconceptions he may have about sleep. Tell him there's evidence to support each of the following points:

1. Taking a nap does *not* necessarily make it more difficult to get a full night's sleep.

2. Eight hours' sleep nightly is *not* essential to health. In fact, no standard number of hours is best for everyone. Most people are thought to average about seven hours' sleep a night; but many get along on a good deal less. (It's said that England's Alfred the Great started the eight-hour myth when he decided his subjects should have eight hours each of work, recreation, and sleep.)

3. Everyone does *not* need one long period of sleep every twenty-four hours. For some people, several short sessions are better.

4. One hour's sleep before midnight is *not* as beneficial as two after midnight. (This myth has been traced back to Henry Fielding, an eighteenth-century novelist.)

The sleep habits of Thomas A. Edison seem to bear out three of the above points. He's said to have slept as little as two hours in twenty-four, yet showed no ill effects. Visitors to Mr. Edison's labs would find the Wizard of Menlo Park stretched out on the floor, fast asleep at various times of the day or night. Mr. Edison, it seems, just lay down where he was whenever he got tired.

One other point: The action of soporifics and hypnotics is *not* a substitute for natural sleep. So when your patient can't sleep, don't turn first to the medicine cabinet, or the order sheet, or the telephone. It's just possible that by trying one or more of the methods described here you may be able to help him go to sleep naturally.

Naturally, too, you won't wake him to find out if your method worked! END

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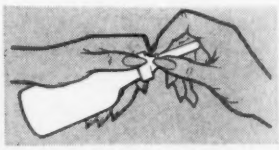

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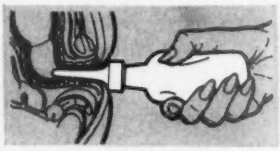

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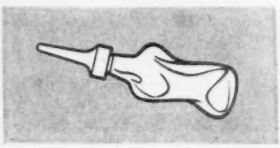

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The narcotic analgesics

Continued from page 51

choice for patients with pulmonary disease, including asthma. It's thought less likely than morphine to cause respiratory depression or to constrict the bronchioles and set off asthmatic attacks.

Even better than Demerol for obstetric pain is its chemical cousin alphaprodine (Nisentil). When injected under the skin or into a vein during the first stage of labor, this drug promptly relieves birth pangs in most women. Like the other narcotics, it may depress the baby's breathing. But its action wears off fairly fast. So it's useful for a variety of brief but painful procedures—for example, bonesetting and cystoscopy.

The dangers of respiratory depression have been further reduced by the discovery of two nonnarcotic agents that help control narcotic overdoses. These antagonists, levallorphan (Lorfan) and nalorphine (Nalline), have a remarkably rapid antidotal action that's specific against narcotic depression. (They're ineffective against overdoses of barbiturates or alcohol or anesthetics.)

When a doctor has given narcotics to a patient in labor, he may inject Lorfan five minutes or so before delivery. This usually prevents any respiratory depression in the baby. Or, he may wait until the baby is born and then inject a minute amount of Lorfan into the umbilical cord.

Surgeons sometimes give Lorfan or Nalline along with pre- and post-operative analgesics. This allows them to administer much larger doses with relative safety for the patient. They may also use Lorfan when giving Demerol as an anesthetic supplement, to prevent Demerol-induced respiratory depression.

Another class of nonnarcotic agents, the phenothiazine-type tranquilizers, is also proving helpful. For instance, the product Mepergan, which contains both promethazine and meperidine, is claimed to have twice the pain-killing power of meperidine.

These tranquilizers are nonaddicting. They seem to block off very few pain impulses. Yet, like the addicting narcotics, they somehow make the patient feel

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...a hormone cream* containing 10,000 I.U. estrogen and 5 mg. progesterone per ounce was again clinically tested on a group of 100 menopausal patients.

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...for almost two years in twice the dosage recommended. "Before" and "after" examinations revealed no signs of adverse systemic reaction, untoward vaginal or cervical changes, abnormal cytology, or endometrial bleeding.

THE INVESTIGATOR CONCLUDED

"...there is no danger of using the...cream if it is used daily and as directed by the manufacturer...."[1]

CONCURRENCE WITH CLINICAL CONSENSUS

Thus, once again, "It is the consensus of opinion among experienced observers that cosmetic hormone creams with a maximum potency of 10,000 I.U. per ounce... if used in the manner recommended by the informed manufacturer are free from systemic effects."[2]

"Most estrogen creams currently available do not contain more than 10,000 I.U. of estrogen per ounce. When...used according to directions, they appear to be free of any abnormal systemic effects."[3]

References: (1) Karnaky, K. J.: Tri-State M. J. 8:6 (March) 1960. (2) Peck, S. M., and Klarmann, E. G.: Practitioner 173:159, 1954. (3) Blank, I. H.: J.A.M.A. 164:412 (May 25) 1957.

*ULTRA FEMININE® Face Cream

Write to Clinical Research Division, Helena Rubinstein, Inc., at the above address, for an informative brochure, "Effect of Topical Hormones on the Skin."

calm and detached. They also have an anti-emetic action that helps prevent post-op vomiting. Chlorpromazine (Thorazine) seems especially useful for this.

The potentiating action of these tranquilizers is useful in still another way. Some doctors

How to improve your nursing notes

Would you ever write that one patient is "more alert," that another is "gaining strength"? Let's hope not. For such expressions are entirely too vague.

Exact words are needed to carry exact meanings. So you'll want to tell briefly just *what* the two patients *did* that *showed* alertness and strength.

In the first case, for instance, you might write: "Asked for his family by name." This would be more to the point —and it might help social service too. In the second case, you might write: "Insisted on feeding himself." This would not only be more exact; it might also tell the doctor that the patient was ready for a change in treatment.

Weak generalities often crop up when a nurse fails to record her notes while details are fresh in her mind. So *prompt* note-making also is important.

How far should you go in describing a patient's appearance, actions, and reactions? Concentrate on the *meaningful* details. For example, if it's significant that a child ate the sandwich he requested, write that he did, then stop. Don't ramble on about the crust he left!

Another point: Even keen observations are useless if no one can read them. Nurses' notes are no place for sloppy scrawling, strike-overs, unfathomable abbreviations. Your experience and skill go for nothing if your notes don't get through to others. END

administer a tranquilizer and a narcotic simultaneously. This lets them reduce the size of the narcotic doses. With smaller doses, narcotic tolerance and addiction are delayed.

Of course, no drugs can substitute for the skill of doctors and nurses in preventing the addiction of patients who suffer chronic pain. The doctor continues to start the patient on the least-addicting analgesics, such as codeine and dihydrocodeine, and turns to more potent agents only as needed. He gives the smallest doses possible. And he gives them at irregular intervals, since this seems to delay addiction. He may even test the patient's response to a placebo. (Studies have shown that placebos sometimes relieve severe pain dramatically, presumably through the power of suggestion.)

The skilled nurse makes use of the same emotional and psychologic factors that sometimes turn a placebo into a pain-fighting weapon. She helps cheer the patient with friendly, sympathetic words. She eases his mind by explaining procedures and what to expect next. She makes him physically comfortable. All these help ease pain and may reduce his need for narcotics.

Of course, for the terminal patient, preventing addiction isn't usually a consideration. The easing of pain is the patient's major need. So doctors may give a new synthetic narcotic called dextromoramide tartrate (Palfium). Administered by mouth in suitably spaced doses, it's said to be

Not for transfusion purposes

Sometimes when a pediatric patient refuses an item of food, we put the child's name on it and save it in the refrigerator.

One night a young mother went to the refrigerator to get her daughter some ice cream. She opened the door, gasped, called for me, and pointed in horror. There on the shelf was a tall, frosty glass of tomato juice labeled *Youngblood*.

I'm not sure I ever convinced her that "Youngblood" was a child's last name!

—DIANA WILKIEMEYER, R.N.

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RN11

as effective as giving injections of the older drugs.

Some authorities say it's impossible to develop an analgesic that would be potent and also nonaddicting. But progress has been made. Several new nonnarcotic analgesics claimed as effective as codeine have recently been marketed.

Two of these are dextro propoxyphene (Darvon) and ethoheptazine (Zactane), a nonaddicting relative of Demerol. They can be used alone or in combination with aspirin and phenacetin for the relief of headaches, dental pain, dysmenorrhea, and muscle spasm. Two others, carisoprodal (Soma, Rela) and phenyramidol (Analexin), are claimed especially effective for relieving muscular pain. All four are said to be nearly free of undesirable side effects.

Doctors' reports on these newcomers have raised hopes that still more potent nonaddicting agents may be discovered. If drugs as effective as morphine and Demerol, yet free of their depressant properties, can be developed, we'll at last be close to the ideal analgesic. END

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†Gordon, Harry H. and Ganzon, Angelita F., J. Ped. **54**:503-528, 1959.

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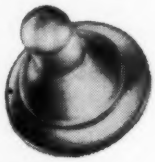

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GENERAL DUTY NURSES: Immediate openings in OR, Obstetrical and Medical and Surgical Units. Rotating or permanent afternoon or night tours of duty. Bonus of $20 for OR, afternoon and night tours. New 196 bed hospital, 45 mins from NYC. Modern nurses residence. Apply Director of Nursing, Phelps Memorial Hospital, North Tarrytown, N.Y.

GENERAL DUTY NURSES: For JCAH accredited 210 bed general hospital with NLN provisionally accredited school of nursing. Pleasant suburban environment 35 mi. from NYC. 40 hr. wk. $335 per month. $50 differential for 3-11 and $40 for 11-7. Regular increments, liberal personnel policies including generous sick time and vacation allowance. 8 paid holidays. Scholarship aid available for continued collegiate study. Social Security, good living facilities provided at $30 per month. Call or write Director of Nursing, White Plains Hospital, White Plains, N. Y. Telephone WHite Plains 9-4500.

GENERAL DUTY STAFF NURSES: Vacancies on all services due to completion of new wing which has increased bed capacity above 400. Private general hospital with 125 student school of nursing, 3 yr. diploma course. University nearby for advanced study. 40 hr. wk. Excellent salary and liberal benefit program, including noncontributory pension plan, in outstanding midwestern institution. Centrally located in the city and convenient to residential and shopping facilities. Living accommodations adjacent to the hospital available at nominal rent. Contact Personnel Director, Milwaukee Hospital, 2200 W. Kilbourn Ave., Milwaukee 3, Wisc.

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GRADUATE STAFF NURSES: Opportunities for men and women on all services including Psychiatry and Operating room. Well planned orientation program, tuition free courses at University. Low cost housing in nurses' residence. Recreational and cultural opportunities. Salary range staff nurses $355-$390, head

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IMMEDIATE OPENINGS: For Head Nurses, Medical and Surgical and O.B. Also, O.R. Nurses. Starting salary $330-$350. Air-conditioned Surgery-fully accredited hospital. Write or call Administrator, Crawford County Memorial Hospital, Denison, Iowa.

INDUSTRIAL, OFFICE: (a) Join construction company crew; must drive car, Chicago; $5200, 5 days; (b) Manage busy M.D. office; downtown Chicago. $5000; (c) Industrial Nurse exp'd., public health training; act as consultant in hygiene program, West Coast $6-8000. RN 2-4, Burneice Larson, The Medical Bureau, Inc., 900 N. Michigan Ave., Chicago 11, Ill.

INSTRUCTOR: Operating rm., recovery rm., & emergency rm. nursing. Starting March 15, 1961. BS degree required. Write to Director of Nursing Education, Knapp College of Nursing, 2400 Bath St., Santa Barbara, Calif.

INSTRUCTOR IN FUNDAMENTALS OF NURSING: Interesting, stimulating position with pleasant faculty group. Available now. Apply Rose K. Bernhard, Director, School of Nursing, New Rochelle Hospital, New Rochelle, N.Y.

INSTRUCTOR IN SCIENCE: Excellent coordinated course already established. Harmonious faculty group. Available in Fall of 1961. Apply Rose K. Bernhard, Director School of Nursing, New Rochelle Hospital, New Rochelle, N. Y.

INSTRUCTOR-MEDICAL AND SURGICAL: Formal and Clinical Teaching, NLN full accreditation—one class yearly or approximately 40 students. B.S. Degree and teaching experience required, liberal personnel policies, salary based upon background, no nursing service responsibilities, 500 bed hospital, direct transportation to NYC in 35 minutes. Write to: Director of Nursing, Newark Beth Israel Hospital, Newark 12, N. J.

INSTRUCTOR, PEDIATRIC NURSING, ASSISTANT SUPERVISOR, OBSTETRIC NURSING: General 300 bed hospital approved by J.C.A.H. located in large metropolis on eastern seaboard. Diploma school of nursing. Students

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INSTRUCTORS IN SPECIAL SERVICES: Formal and clinical teaching. B.S. degree and experience. 500 bed hospital, 175 students, liberal personnel policies, salary will depend upon qualifications. Apply to Director of Nursing, Missouri Baptist Hospital, 919 North Taylor, St. Louis 8, Mo.

LICENSED PRACTICAL NURSES: Because we are friendly people, it is fun to work in the preferred department of a 200 bed J.C.A.H. approved general hospital with N.L.N. accredited school and opportunity for advancement with orientation provided. Liberal personnel policies. Ideally located on 60 acres of lawn and wooded area. Convenient transportation. For details contact Director of Nursing, Broadlawns Hospital, Des Moines 14, Iowa.

MEDICAL AND SURGICAL CLINICAL INSTRUCTOR: Diploma school affiliated with Community College. B.S. degree and teaching experience required. Good personnel policies. JCAH accredited 210 bed general hospital. Apply Director of Nursing, White Plains Hospital, White Plains, N.Y., Telephone WH 9-4500, Ext. 255.

MEDICAL-SURGICAL SUPERVISOR: Administrative. 500 bed voluntary hospital, degree and satisfactory experience required, salary dependent on education and experience, liberal personnel policies, direct transportation to NYC in 35 minutes. Write to Director of Nursing, Newark Beth Israel Hospital, Newark 12, N. J.

MEDICAL-SURGICAL SUPERVISORS-SOUTHWEST: 500 bed JCAH general hospital in large educational and cultural city; B.S. preferred, recent experience in medical-surgical nursing and supervision necessary, starting monthly salary $450, day hrs, excellent personnel policies and fringe benefits. Apply Box # MHD, c/o RN Magazine, Oradell, N. J.

NURSE ANESTHETIST: To work with four anesthesiologists and one nurse in private group. 280 bed hospital in town of 40,000, 7 miles from Hartford. No night or holiday calls. Starting salary $500-550 per mo. Apply E. J. Platz, M.D., 153 Main St., Manchester, Conn..

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NURSES: Registered, general duty and operating room. Modern 74 bed district hospital, midway between San Francisco and Los Angeles, Calif. Starting salary $350 per mo., 40 hr. wk. Contact Administrator, Tulare District Hospital, 869 Cherry Ave., Tulare, Calif.

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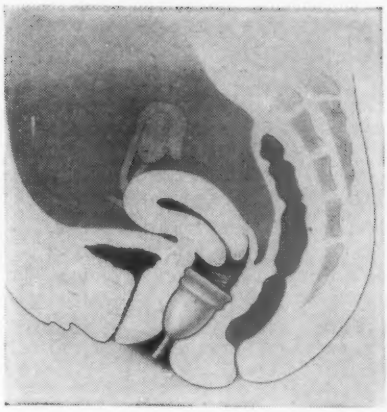

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1. Liswood, R., Obst. & Gynec., May, 1959
2. Karnaky, K. J., Tri-State Med. J., June, 1960
3. Schaefer, George, Clin. Obst. & Gynec., June, 1959
4. Burrus, Swan, Jr., Am. J. Obst. & Gynec., Aug., 1960

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hospital. Resort area. Contact Administrator. South Coast Community Hospital, South Laguna, Calif. HYatt 4-8501.

NURSES: Live in the Land of Enchantment where opportunities are awaiting you. Have opening for obstetrical and general duty RNs in accredited hosp. which is situated in a growing and thriving community with ideal climate. Salary range $300-400 mo. for 44 hr duty. Liberal personnel policies. Sick lv plan with 6 holidays per yr. Also we pay differential of $10 extra PMs. If interested please contact Administrator, Clovis Memorial Hospital, Clovis, N. Mex.

NURSES: General duty, 236 bed hospital, 30 mi from NYC. Apartment-style residence. Good salaries, free benefits and pension plan. Modern hospital. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N. J.

NURSES: Four registered general duty nurses for small general hospital, immediately. Furnished apartment available. Starting salary $350 to $400 after 1st yr. Apply by writing to Box 336 Dos Palos, Calif., or Phone Express 2-3450 after 6 P.M. (collect)

NURSING EDUCATOR, CHEYENNE, WYO: Newly-established multi-purpose mental health center providing in-patient service, community clinic, consultative, educational, training, and community organizational service for 4-county area. M. A. in Psychiatric nursing education. 4 yrs. appropriate experience, part in mental health, and one in psychiatric nursing education. $7,080-$8,520. Transportation expenses for interview. Apply Mrs. Donald Stanfield, Board of Directors, Southeast Wyoming Mental Health Center 3816 Capitol Ave., Chevenne, Wyo.

OPERATING ROOM NURSES: 160 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Starting salary $390 for days, $420 for evenings, 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bed rooms. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

OR AND GENERAL DUTY NURSES: New 65 bed hospital, College town, to be opened early 1961. Contact Director of Nurses, Hillcrest General Hospital, Silver City, N. M.

OR & STAFF NURSING: Active 100 bed children's medical center. University affiliation. Good personnel policies. Apply Director of Nursing, St. Christopher's Hospital for Children, 2600 N. Lawrence St., Philadelphia 33, Pa. Telephone GA 6-5600.

OPERATING ROOM SUPERSIVOR: For accredited 125 bed general hospital. Complete modern facilities, department well established. Educational and cultural advantages of Detroit, coupled with pleasant suburban living. Starting salary depends on experience and background, with periodic increases and unusual personnel policies. Contact Miss Grace Bennett, Director of Nursing, The Lynn Hospital, Lincoln Park, Mich.

OPERATING ROOM SUPERVISOR: 238 bed JCAH approved hospital. Intern, Resident and Nursing Education programs. Candidates with BS degree preferred. Apply to Mrs. Virginia Krahl, Dir. of Nursing Service, Santa Barbara Cottage Hospital, 320 W. Pueblo St., Santa Barbara, Calif.

OPERATING ROOM SUPERVISOR: Experience desirable. Sick leave and annual vacation. Retirement benefits available. Salary open. Apply Administrator, Robinson Memorial Hospital, Ravenna, Ohio. [More]

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PEDIATRIC STAFF NURSES: For active 225 bed teaching and research children's hospital. Starting salary $300 per mo. with evening and night differentials. Operating Room $310 per mo. with bonus for Operating Room call. 40 hr. wk., vacation, holiday and sk. lv. privileges. Promotional opportunities for qualified nurses. Apply Director of Nursing, Children's Hospital, 2125 13th St., N.W., Washington 9, D.C.

PEDIATRIC SUPERVISOR: Immediate opening for experienced pediatric supervisor for 40 bed unit in 525 bed general hospital. Desire RN with baccalaureate degree in pediatric nursing. Excellent salary and fringe benefits, including retirement plan. Write Personnel Dept. Sutter Community Hospitals, 2820 - L St. Sacramento, Calif.

POSTGRADUATE COURSE: The Charles T. Miller Hospital offers qualified graduate nurses a 16 weeks' course in Operating Room nursing. The course includes instruction and supervised experience in all surgical specialties as well as teaching and management techniques. Room, board, laundry, and a stipend of $125 per mo. are provided. For further information address the Director of Nursing, The Charles T. Miller Hospital, St. Paul 2, Minn.

PSYCHIATRIC NURSES: Positions available for registered nurses with postgraduate education in psychiatric nursing leading to a degree. Salary $400 per mo. with yearly increments to $500 in five yrs. 40 hr. wk., liberal personnel policies. Write Director of Nursing, Wyoming State Hospital, Evanston, Wyo.

PUBLIC HEALTH: (a) Administrator with doctorate degree; build up research training program for school of P.H.; foreign experience desirable; excellent opport. East; (b) Supv. P.H. rehabilitation; some physical therapy required; act as consultant to V.N.A. $6600-$7850; most cosmopolitan city; (c) P.H. nurse consultant for local health, private and public agencies; initiate surveys; research; West Coast $6-7000; (d) P.H. supervisory, administrative nurses, work with natives in isolated areas outside continental U.S.; $6600-$7800. RN 2-5 Burneice Larson, The Medical Bureau, Inc., 900 N. Michigan Ave., Chicago 11, Ill.

PUBLIC HEALTH NURSES: New health department in northeastern Illinois metropolitan area offers minimum starting salary of $4950 to prepared nurses with degree, or $4500 to registered nurses with public health preparation. Excellent personnel policy and generous travel allowance. Opportunity for promotion for experienced nurses. Department offers generalized service to county of 292,000 midway between Chicago and Milwaukee. For further information, write Nursing Supervisor, Lake County Health Dept., 2307 Grand Ave., Waukegan, Ill.

REGISTERED NURSE: Admitting office. Previous general office experience required. Complete fringe benefits plus advantages of seacoast location near all cultural and recreational features of metropolitan Los Angeles. 35 to 40 yrs. of age preferred. Apply Personnel Office, Santa Monica Hospital, 1250 16th St., Santa Monica, Calif.

REGISTERED NURSE ANESTHETISTS: 690 bed hospital, primarily surgical. Integral part of developing 236 acre Detroit Medical Center. Emergency surgery only on Saturdays. Salary commensurate with qualifications. Excellent personnel policies. Write or call Personnel Director, Harper Hospital, Detroit 1, Mich.

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REGISTERED NURSES: Excellent opportunities. Progressive 440 bed general hospital, expanding to 525 beds in early 1961. Expansion is creating openings in all areas. Salary range $370 to $400 per mo. $25 PM and night differential. $24 additional for surgery. Liberal vacation plan, 7 pd. holidays, 40 hr. wk., health insurance and retirement plan. Close to all summer and winter, mountain and ocean activities. Write Personnel Office, Sutter Community Hospitals, 2820 L St., Sacramento, Calif.

REGISTERED NURSES: Men and women for 600 bed psychiatric hospital. Starting salary $325 to $345 with yearly increments to $435 in five yrs. 40 hr. wk. with liberal personnel policies. Write Director of Nursing, Wyoming State Hospital, Evanston, Wyo.

REGISTERED NURSES: 220 bed, State TB Hospital, $345-$385 mo., annual sk. lv., ins. & ret. benefits. Qtrs. $15 mo. Write Chief Nurse, Ft. Stanton, N. Mex.

REGISTERED NURSES: For general duty in 50 bed general hospital. Salary $18 per day, plus other fringe benefits. Carson City Hospital, Elm at Third, Carson City, Mich.

REGISTERED NURSES: Excellent opportunities for staff nurses in large hospital. Salary range for permanent evenings and nights $420-$450. Rotating range $390-$420. Private room accommodations at reasonable rates. Centrally located. Convenient transportation. Write: Director of Nursing Service, Dept. RN., Mount Sinai Medical Center, 2750 West 15th Place, Chicago 8, Ill.

REGISTERED NURSES: One more good nurse needed in a hospital and community which values highly its nurses. Start at $350 with meal and advance according to ability, industry and leadership. No maximum. To qualify you must be in good physical and mental health. Recent graduates welcomed. We are a growing hospital looking for growing people who enjoy a farm community of 6,000. Just 55 miles south of Fresno and 66 miles north of Bakersfield, 1 hr. from mountains, 2 hrs. to coast. If seriously interested, call COLLECT Wyman 2-3124, Corcoran, Calif. Mail application giving details and enclose dated picture.

REGISTERED NURSES: Nursing positions available for both male and female nurses in large general hospital in the southern resort area. Openings on all services including psychiatric unit. Liberal personnel policies. Differential for evening and night tours of duty. Apply Director of Nursing, Norfolk General Hospital, Norfolk 7, Va.

REGISTERED NURSES: For general duty in 89 bed general hospital, located in central Calif. General duty salary $320 to $340, shift differential for evening and night, 40 hr. wk., excellent fringe benefits. Write Administrator, Mark Twain Hospital, San Andreas, Calif.

REGISTERED NURSES: Modern 376 bed JCAH fully accredited general hospital. Located on beautiful San Francisco Peninsula, 20 min. drive from the heart of the city. Openings in all services, excellent personnel policies, many extra benefits and opportunities for advancement, top salaries. Apply Personnel Director, Peninsula Hospital, 1783

El Camino Real, Burlingame, Calif.

REGISTERED NURSES: California coastal area. Ideal climate. New hospital, good promotional possibilities, liberal vacation and sk. lv. Canadian nurses eligible. Salary starts at $348 per mo. Apply Personnel Dept., Court House, Ventura, Calif.

REGISTERED NURSES: For general duty on all services in 230 bed general hospital, JCAH, in beautiful resort area. Liberal personnel policies. 40 hr. 5 day wk. Write Director of Personnel, Good Samaritan Hospital, West Palm Beach, Fla.

REGISTERED NURSES FOR CALIFORNIA STATE HOSPITALS: New service: Miss Avis Axelson, R.N., and Mrs. Ann Brown, R.N., are available to assist you in locating the most suitable position for you. Openings in hospitals throughout the state. Professional nurses without experience start at $395; with one yr. of psychiatric nursing experience, $415; five percent increase after six mos. Positions in educational program open to nurses with college degree and experience in psychiatric nursing and teaching of nursing.. Masters Degree in psychiatric nursing or nursing education may be substituted for certain experience, starting salary $530 a mo. Nurses registered in other states are usually eligible for Calif. licensure without examination. Write State Personnel Board, 801 Capitol Ave., N 201, Sacramento 14, Calif.

REGISTERED PROFESSIONAL NURSES: General duty positions available in 492-bed fully accredited general medical and surgical hospital located in the medical center area of historic New Orleans. For information write to Chief, Nursing Service, Veterans Administration Hospital, 1601 Perdido St., New Orleans, La.

REGISTERED PROFESSIONAL NURSES: 698 bed general medical and surgical Veterans Administration Hospital, Dallas, Tex. Grade and salary depend upon professional qualifications, minimum annual salary is $4760, annual pay increment and excellent promotional opportunities. Personnel policies normally include 40 hr. wk., 30 days annual lv., 15 days sk. lv., 8 holidays. Citizenship required. Write Chief, Nursing Service, V. A. Hospital, Dallas, Tex.

REGISTERED PROFESSIONAL NURSES: For Veterans Administration Hospital, Fort Howard, Md., located 15 miles from center of Baltimore. 377 General Medical and Surgical Hospital. Personnel policies include normal work week, 40 hrs., 8 holidays, 30 days annual leave and 15 days sick leave. Annual salaries $4760 to $7560. Uniform allowance and laundry service. Retirement and health plan. Quarters available. Write: Chief, Nursing Service, VA Hospital, Ft. Howard, Md.

REGISTERED PROFESSIONAL NURSES, LICENSED PRACTICAL NURSES AND SCRUB TECHNICIANS: We invite you to join us in the beautiful subtropical city of Miami, Fla. We offer liberal personnel policies which include a 40 hr. wk., free laundering of uniforms, and retirement pension. Housing on a temporary basis is available to graduate nurses. This is a rapidly expanding 1348 bed general hospital, housing all types of patients. Our affiliation with the University of Miami Medical School affords opportunities to work with top level experts in the fields of Medicines and Science. Advancements for qualified persons is rapid. Starting salaries R.N. $328, L.P.N. $244, Scrub Tech. $232. Regular merit increases after 6 months. Apply to: Miss Alice

Isabel Mustard, R.N., Associate Executive Director, Patient Care Division, Jackson Memorial Hospital, Miami, Fla.

REGISTERED STAFF NURSES: Eighty bed hospital comprised of 42 bed genreal and 38 bed retired miners. Congenial medical staff. Rotating shifts, salary open, differential pay for evenings and nights. 8 pd. holidays, 14 days pd. vacation, 21 days after three yrs., Federal and State Retirement Plan, other liberal personnel policies. Beautiful nurses home with television, minimum cost for full maintenance. Beautiful town of 9,000 surrounded by mountains, desirable climate year round. Apply Director of Nurses, Miners' Hospital, Raton, New Mex.

SCHOOL OF ANESTHESIA: Approved by the AANA. Open to registered nurses of accredited schools of nursing. Applications being received for August and February classes. For complete information and application blanks write to Everard R. Hicks, Director of The School of Anesthesia, The McLeod Infirmary, Florence, S.C.

STAFF NURSES: For openings, Pacific Island hsp. new leading U.S. military base; $4500; also small hosp., near Alaska air base $4800. RN 2-6 Burneice Larson, The Medical Bureau, Inc., 900 N. Michigan Ave., Chicago 11, Ill.

STAFF NURSES: Large modern general hospital utilizing the team leader approach and pioneering in nursing education, has attractive positions in all areas of nursing. Excellent promotional opportunities. Salaries range from $3,940 to $4,640 per annum. Liberal employee benefits. Apply Personnel Dept., Hartford Hospital, Hartford, Conn.

STAFF NURSES: All Clinical services. Base salary $319. Differential for 3-11 and 11-7 shifts. Liberal personnel policies include sk. lv., retirement plan, 3 wks. vacation and laundry of uniforms. Orientation and In-Service Programs. Housing available on campus or in vicinity of Hospitals. Apply Director of Nursing Service, The University of Texas-Medical Branch Hospitals, Galveston, Tex.

STAFF NURSES: For 50 bed JCAH hospital in western Wyoming. Excellent medical staff, good personnel policies. Write Supt. of Nurses, W. R. Coe Memorial Hospital, Cody, Wyo.

STAFF NURSES: 245 bed hospital, 40 hr. wk., 2 wks., vacation, 6 pd. holidays, 12 days sk. lv. annually, good recreational area. Apply Director of Nursing Service, Memorial Hospital, Casper, Wyo.

STAFF NURSES: For large, modern, tuberculosis hospital in beautiful suburban Cleveland. Starting salary $355 with semi-annual increments. Extra for night and relief duty. Non-rotating shifts. Opportunities for advancement. Married nurses or two single nurses may live in attractive, nearly new, completely furnished 2 bedroom homes at very low rent including utilities. Pd. vacation and holidays, liberal sk. lv. cumulative to 90 days, excellent retirement plan. Write Director of Nursing, Sunny Acres Hospital, Cleveland, 22, Ohio

STAFF NURSES: 238 bed So. Calif. hospital. Salary Calif. registered nurses starts at $330. Merit increases. Apply Director of Nursing, Cottage Hosp., Santa Barbara, Calif.

STAFF POSITIONS: University Hospital, The University of Michigan Medical Center has immediate openings in In-Patient areas and operating room. Salary range, $344-$406. Stimulating professional environment in a teaching and research center with wide clinical experience. Life in a university community providing the best in drama, music, "big ten" spectator sports, and many other recreational and cultural activities. For information write: Mr. Rubbell W. Reister, Personnel Director, University Hospital, Ann Arbor, Mich.

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SUPERVISORS: (a) O.R. or O.B. ready to assume responsibility for nursing service, 50 bed hsp, near Palm Beach, Fla. $5000; similar opportunity New Mexico mountain resort; (b) O.B. fairly new, most modern hsp. Los Angeles area, $6000 up; (c) Night or evening, large renowned E. hsp., cultural center; $5-6000. RN 2-7, Burneice Larson, The Medical Bureau, Inc., 900 N. Michigan Ave., Chicago 11, Ill.

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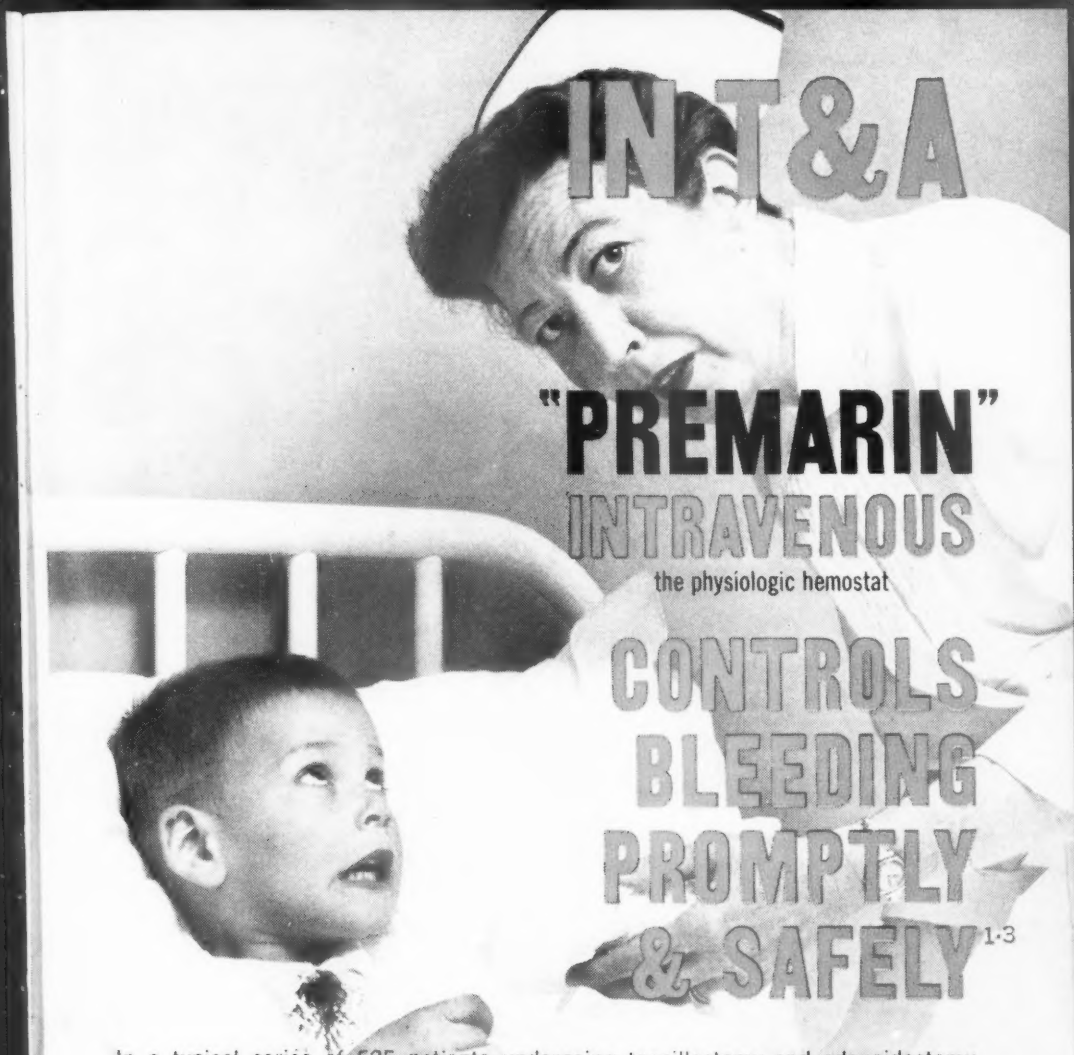

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1. Johnson, J. F.: Paper presented at Symposium on Blood, Wayne State University, Detroit, Michigan, Jan. 18, 1957, cited in M. Science 1:33 (Mar. 25) 1957; Proc. Soc. Exper. Biol. & Med. **94**:92 (Jan.) 1957. 2. Servoss, H. M., and Shapiro, F.: Digest Ophth. & Otolaryng. **20**:10 (Nov.) 1957. 3. Published and unpublished case reports, Ayerst Laboratories.

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